

**NORTH SOUND MENTAL HEALTH ADMINISTRATION
COMPLAINT, GRIEVANCE, APPEAL, DENIAL, AND FAIR HEARING REPORT
SUMMARY**

APRIL 1, 2007 THROUGH SEPTEMBER 30, 2007

INTRODUCTION

- The NSMHA continues to report grievance, fair hearing, appeal, and denial data in accordance with the Mental Health Division's reporting templates and requirements. The NSMHA continues to provide information about complaint data in a separate format as complaints account for the majority of complaint, grievance, and fair hearing information used for quality management activities.
- The NSMHA has collected and maintained overall complaint, grievance, and fair hearing data since 1999 and denial and appeal data since 2004. The NSMHA also continues to report and unduplicate this information through multiple reporting sources (Ombuds services, providers, designees, networks, and the NSMHA).
- *The NSMHA continues to promote a "no-blame" atmosphere in which to view complaint data – that information about complaints creates opportunities for improvement and that consumers' voicing concerns or ideas for improvement is one form of consumer voice in a recovery based system.*

COMPLAINT, GRIEVANCE, DENIAL, APPEAL, and FAIR HEARING DATA

- The overall number of complaint, grievance and fair hearing cases and occurrences reported decreased since the last reporting period.
- The categories that accounted for the most reported complaints during the current reporting period are: ***Dignity and Respect*** 52 (15%), ***Consumer Rights*** 49 (14 %), ***Physicians and medications*** 48 (13%), ***Quality/Appropriateness*** 37 (10%), and ***Financial and Administrative Services*** 34 (9%)
- ***Dignity and Respect*** 101 (14%), ***Physicians and medications*** 96 (13%), ***Consumer Rights*** 88 (12%), ***Quality Appropriateness*** 80 (11%) and ***Emergency Services*** 69 (10%) accounted for the most reported complaints over the past year.
- When combined, ***Dignity and Respect and Consumer Rights*** accounted for 101 (29%) of the reported occurrences
- The majority of reported complaints, grievances, and fair hearings filed continue to be for Medicaid consumers.
- There were 13 grievance or fair hearing cases and 39 occurrences reported in this period as compared to 17 cases and 40 occurrences, 7 cases and 7 occurrences, and 12 cases and 20 occurrences in the previous three reporting periods. A review of historical data shows that the number of reported grievance cases was the highest for the past year since the NSMHA began collecting this data.
- The overall number of denials for Medicaid consumers has decreased as compared to the last two reporting periods, and is similar to earlier reporting periods. There were three (3) appeals reported for the current period. The NSMHA has processed 33 appeals since implementation of the authorization process in June of 2004.

BROAD and CONSISTENT REPORTING

- The NSMHA continues to work towards broad and consistent reporting of complaints across multiple reporting sources. Increased reporting of complaints remains a goal of the NSMHA.
- Increased reliability in the reporting process is an area identified for continuous quality improvement. The NSMHA will continue semi-annual training on reporting with the goal of increasing the reliability of the reporting process. The NSMHA and Ombuds services also met to continue to standardize reporting processes

QUALITY MANAGEMENT PROCESSES

- The NSMHA Internal Quality Management Committee will review the current complaint and grievance data and report, make recommendations for further study and review or quality improvement, and present these recommendations to the Quality Management Committee and Quality Management and Oversight Committee.
- NSMHA providers continue to use complaint and grievance information in their internal quality management processes and provide a semi-annual summary of this information to the NSMHA. The NSMHA has also begun to collect information about how this information is integrated into provider Quality Management Plans.
- The NSMHA Ombuds services provide a semi-annual summary of their data and recommendations for quality improvement.
- There were no new recommendations for quality improvement or further study and review generated through the quality management committee process during the last reporting cycle. Ongoing Quality Management Recommendations or activities include:
 - ✓ Further study and review of **Dignity and Respect and Consumer Rights**
 - ✓ Evaluation of best practices related to **eating disorders**, clarification of RSN responsibility for eating disorders, and identification and development of continuum of care for eating disorders within the network and/or out of the network.
 - ✓ Development of a process to review Clinical Practice Guidelines for **Adult Attention Deficit Hyperactivity Disorder (ADHD)** to see that they address client concerns.
 - ✓ Development of a regional **database for Complaints, Grievances, and Fair Hearings**
 - ✓ Review of the current status of the **trauma project** in the region.
 - ✓ Consolidation of efforts towards review of **inpatient capacity, inpatient reduction, and diversion**
 - ✓ Further study and review of **medication management services**, including access and triage to medication management services, medication management capacity, and discharge from medication management services
 - ✓ Further study and review of the processes used to gather information and records during the **access process** from the initial call to access through the assessment process.
 - ✓ Ombuds services recommendation that the NSMHA and providers work jointly on issues that are causing **systems frustrations and tensions** for example funding, documentation, time availability, case load sizes, and medication management capacity concerns to decrease system tensions from impacting consumers.
- Complaint, grievance and appeal data has been one factor in quality improvement efforts towards:
 - ✓ Increasing **Flex Funds**
 - ✓ Providing **trauma based services**
 - ✓ Assuring staff is trained on **Dignity and Respect and Consumer Rights**
 - ✓ Clarifying policies and procedures regarding the **outpatient discharge process**
 - ✓ The development of a **medication management transfer policy** to ensure seamless transition to primary care physicians
 - ✓ The development of region wide **diagnostic practice standards**

NORTH SOUND MENTAL HEALTH ADMINISTRATION

COMPLAINT, GRIEVANCE, APPEAL, DENIAL, AND FAIR HEARING REPORT

APRIL 1, 2007 through SEPTEMBER 30, 2007

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The NSMHA has collected and maintained overall complaint, grievance, and fair hearing data since 1999 and denial and appeal data since 2004. The NSMHA also continues to report and unduplicate this information through multiple reporting sources (Ombuds services, providers, designees, networks, and the NSMHA).

The NSMHA continues to promote a "no-blame" atmosphere in which to view complaint data – that information about complaints creates opportunities for improvement and that consumers' voicing concerns or ideas for improvement is one form of consumer voice in a recovery based system.

In this report we will:

- *Provide an overview of complaint, grievance, denial, appeal and fair hearing data*
- *Provide follow-up from previous complaint, grievance, appeal, denial and fair hearing quality management activities or recommendations*
- *Provide a summary of recently completed quality improvement initiatives*
- *Provide an overview of internal provider quality improvement activities and Ombuds services recommendations*
- *Outline future plans*

II. COMPLAINT, GRIEVANCE, APPEAL, DENIAL, AND FAIR HEARING DATA APRIL 2007 THROUGH SEPTEMBER 2007

A. Grievance and Fair Hearing Data

There were 13 grievance or fair hearing cases and 39 occurrences reported in this period as compared to 17 cases and 40 occurrences, 7 cases and 7 occurrences, and 12 cases and 20 occurrences in the previous three reporting periods. (*See Attachments A – 05-07 PIHP Medicaid and RSN State Funded Services Reports*).

The NSMHA and Ombuds services continued to meet to review grievance reporting to assure that multiple occurrences (types) are reported consistently at the grievance and fair hearing level. As can be seen from the data, multiple occurrences continue to be reported at these levels.

A review of historical data shows that the number of reported grievance cases was the highest for the past year since the NSMHA began collecting this data.

B. Complaint, Grievance, and Fair Hearing Data

There was a decrease in overall complaint, grievance and fair hearing cases (people) and occurrences (types and levels of concerns) reported for April 2007 through September 2007 as compared to the last reporting period. There were 180 cases (people) and 358 occurrences reported for April 2007 through September 2007 as compared to 198 cases (people) and 367 occurrences for April through September 2006.

The majority of reported complaints, grievances, and fair hearings filed continue to be for Medicaid consumers. Eighty seven percent of the cases and ninety two percent of the occurrences were for Medicaid consumers.

The categories that accounted for the most reported complaints during the current reporting period are: ***Dignity and Respect*** 52 (15%), ***Consumer Rights*** 49 (14 %), ***Physicians and medications*** 48 (13%), ***Quality/Appropriateness*** 37 (10%), and ***Financial and Administrative Services*** 34 (9%)

A review of the data shows that ***Dignity and Respect*** 101 (14%), ***Physicians and medications*** 96 (13%), ***Consumer Rights*** 88 (12%), ***Quality Appropriateness*** 80 (11%) and ***Emergency Services*** 69 (10%) accounted for the most reported complaints over the past year.

When combined, ***Dignity and Respect and Consumer Rights*** accounted for 101 (29%) of the reported occurrences, as compared to 88 (24%), 60 (22%), and 112 (30%) during the three previous reporting periods (*Dignity and Respect* is one of the consumer rights).

The NSMHA has developed several tables to assist in identifying trends and provide information about complaints over time (*See Attachments C – Table 1-Complaints, Grievances, and Fair Hearings Filed 4-2000-9-2007, Table 2- Complaints, Grievances, and Fair Hearings Filed-Past 6 months, Past Year, Since 4-2000, and Charts-Complaints, Grievances, and Fair Hearings Filed*). The data in these tables includes complaints, grievances, and fair hearings for both Medicaid and state-funded consumers. In addition, the category of Access now includes access to inpatient and outpatient.

The NSMHA continues to collapse the new categories of violation of confidentiality and participation in treatment into the category of “other”. We will separate out these two (2) new categories in future tables so we can track them over time. [For this reporting period there were five (2) complaints reported for violation of confidentiality and three (2) complaints reported for participation in treatment (Medicaid consumers)].

C. Denial and Appeal Data

1. Denials

The overall number of denials for April through September 2007 was 135. Seven of these denials were for inpatient services, all for adults. The remaining 128 denials were for outpatient services. The total number of denials is a decrease from the previous reporting period, October 2006 – March 2007, when denials numbered 165. The April – September 2006 reporting period had 181 denials. The current reporting period numbers are similar to those of the three reporting periods that occurred between October 2004 and March 2006 when denials numbered 122, 129, and 128.

Denials for children/youth remain higher than for adults in outpatient services. There were 72 denials for children/youth and 56 for adults. The overall decrease in denials from the previous reporting period reflects decreases in both child/youth and adult denials from 85 and 72 respectively.

Denial requests for outpatient services received from providers and reviewed by NSMHA numbered 153, 80 for children/youth and 73 for adults. While 128 denials were issued, as indicated previously, 25 authorizations were also issued out of the denial request review process. Eight of the 25 authorizations were for children/youth and 17 were for adults. The increased number of denials for children/youth is a function of the greater number of child/youth denial requests and a higher percentage of NSMHA agreement with denial requests for children/youth versus adults (90% agreement versus 77%).

Also, for the 25 authorizations, only one of them was issued as the result of required timelines being exceeded. The remaining authorizations resulted from the NSMHA review process. The two primary reasons for authorization,

indicated by NSMHA reviewers, were that the documentation did not contain an adequate differential diagnosis rationale and/or that there was not adequate collateral or consultation documentation (i.e. medication issues, previous history, risk factors with a B diagnosis). The reason for disagreement by NSMHA reviewers did not differ between the child/youth and adult populations.

2. Appeals

There were three (3) appeals reported for the current period. Two (2) appeals involved services for adults and one (1) for a child. For two appeals the original denial decision was overturned and for one appeal it was upheld. (*See Attachment B—05-07 Notice of Action Appeals Report*).

All appeals were handled through the standard appeals process and decided within 45 days. There were no requests for expedited appeals.

The NSMHA has developed a table to track the number of denials and appeals over time (*See Attachment D—Table 3-NSMHA Appeals and Denials over Time*). A review of this data shows the NSMHA has processed 33 appeals since implementation of the authorization process in June of 2004.

III. FOLLOW UP FROM PREVIOUS COMPLAINT, GRIEVANCE, APPEAL, and FAIR HEARING QUALITY MANAGEMENT RECOMMENDATIONS and ACTIVITIES

As outlined in previous reports, information about complaints, grievances, appeals, denials, and fair hearings remains central to the NSMHA and providers' quality management processes. Complaint, grievance, appeal, denial, and fair hearing data and reports are reviewed in the NSMHA Internal Quality Management Committee (IQMC), Regional Quality Management Committee (RQMC), and Quality Management Oversight Committee (QMOC).

The identification of system implications or trends, areas for further study and review, or areas for quality improvement may be generated at each level of the process. In addition, complaint data has become increasingly more central to individual providers' internal quality management processes.

Single complaints or grievances with system implications, patterns or clusters of complaints or grievances, and/or overall complaint and grievance data are used to identify areas for further study and review or quality improvement.

The Complaint, Grievance, Appeal, Denial, and Fair Hearing Report for October 2006 through March 2007 was reviewed by IQMC, RQMC, and QMOC. There were no new recommendations for further study and review or quality improvement generated through the quality management committee process. A brief summary of previous recommendations or activities is presented below.

A. Dignity and Respect, Consumer Rights, and System Tensions and Frustrations Recommendation for further study and review of dignity and respect in the region. When combined, ***Dignity and Respect*** and ***Consumer Rights*** accounted for 101 (29%) of the reported occurrences, as compared to 88 (24%), 60 (22%), and 112 (30%) during the three previous reporting periods (*Dignity and Respect* is one of the consumer rights).

As outlined in previous reports, in part due to concerns raised by consumers, Dignity and Respect has been identified as a training priority on NSMHA Regional Training Plans.

Update: *The NSMHA begin a discussion in IQMC about options to study, review, and approach the topic of dignity and respect in the North Sound Region. The IQMC recommended that the NSMHA develop a system-wide partnership with consumers, advocates, providers and other stakeholders to explore how dignity and respect is experienced and perceived within our system of care. The system-wide effort will include the identification of objectives and an action plan designed to achieve those objectives.*

As outlined in previous reports, a related recommendation through Ombuds services is that the NSMHA and providers work jointly on issues that cause systems tension in the region. The recommendation was to refer this to Management Council so that there could be a discussion regarding ways to prevent future system tensions from impacting consumers (per Ombuds Report).

As outlined in the last report, Management Council had a discussion regarding dignity and respect concerns and Chuck Benjamin, the executive director, was to follow up with Ombuds services to gather more information regarding their concerns about how system tensions impact consumers. As there is overlap in the area of dignity and respect and system tensions and frustrations, the efforts outlined above to explore dignity and respect will include an evaluation of indicators that bring tension and frustration into the system of care.

B. Eating Disorders Recommendation for evaluation of best practices related to eating disorders, clarification of RSN responsibility for eating disorders, and identification and development of continuum of care for eating disorders within the network and/or out of the network.

As outlined in previous reports, the NSMHA has received several grievances related to the treatment for eating disorders over the last several reporting periods.

Update: *The NSMHA planning committee made a recommendation to use federal block grant funding to provide system wide eating disorder training in the North Sound Region. The NSMHA facilitated a work group of providers, consumers, advocates, and NSMHA staff to identify research-based treatments for eating disorders. The researched based treatments identified were 1). Cognitive – Behavioral Therapy, 2). Dialectical Behavior Therapy, and 3). The Maudsley Model.*

The NSMHA contracted with trainers from University of California at San Diego to provide an intensive three day training on these treatment models. During the course of the training there were barriers identified to providing eating disorder treatment. In response, NSMHA is convening a workgroup to identify and facilitate solutions and resources to these barriers.

The NSMHA anticipates continued movement towards the identification of best practice standards for eating disorders and the development of a continuum of care. The NSMHA is also having continued discussion regarding the RSN responsibility for eating disorder treatment.

C. Adult Attention Deficit Hyperactivity Disorder Recommendation to develop a process to review Clinical Practice Guidelines for Adult ADHD to see that they address client concerns.

As outlined in previous reports, the NSMHA received several grievances related to the treatment for Adult Attention Deficit Hyperactivity Disorder (ADHD) over the last several reporting periods. Clinical Practice Guidelines for Adult Attention Deficit Hyperactivity Disorder were developed and approved by QMC.

Update: *The NSMHA discussed the impact of the Clinical Practice Guidelines for Adult Attention Deficit Hyperactivity Disorder in the Regional Medical Director's Meeting. No specific impact on treatment practices was identified. The NSMHA will discuss this area further in IQMC.*

D. Trauma Services Recommendation for review of current status of the trauma project in the region. In previous reports, we have discussed quality improvement efforts related to complaint and grievance data in the area of treatment for trauma and trauma-based disorders. In previous reports we also reported that the NSMHA and providers established a trauma disorder workgroup and that although the workgroup has ended, the Regional Quality Management Committee (RQMC) will continue to work to increase the access to and quality of services for those with trauma-based disorders. We also reported that QMC and QMOC approved four recommendations:

- 1. Posttraumatic Stress Disorder (PTSD) Clinical Guidelines:** *(The final revisions to the Posttraumatic Stress Disorder (PTSD) clinical guidelines for adults were completed, and the guidelines were approved by QMC, QMOC, and adopted by the NSMHA Board)*

2. **Trauma Screening Tool:** *(A trauma screening tool was developed for use when trauma is suspected or reported. The NSMHA will review the status of implementation).*
3. **Trauma Training:** *(The NSMHA Regional Training Plan module for PTSD is undergoing final revisions and will be presented to QMC and QMOC)*
4. **“Quality in Action” Presentations to QMOC by the Three Trauma Pilot Projects:** *(There have been no new presentations since Whatcom Counseling and Psychiatric Clinic’s presentation regarding their trauma pilot project. The Region is interested in hearing status reports regarding trauma services currently being provided by Compass Health.)*

Update: *The NSMHA Regional Training Plan module for PTSD was completed and approved by QMC and QMOC. The NSMHA has not yet reviewed the status of the trauma project in the region.*

E. Inpatient Capacity Recommendation for further study and review of inpatient capacity (Ombuds services raised concerns regarding inpatient capacity). After review in QMC, the recommendation was made to refer inpatient capacity to Management Council and/or the NSMHA Planning Committee. QMC consensus was that we cannot compartmentalize approaches to this issue and that we need to create capacity and review the systems that are in place regarding inpatient services.

As outlined in previous reports, the NSMHA has discussed this recommendation in IQMC and has revised the recommendation to be consolidating efforts towards review of inpatient capacity, inpatient reduction, and diversion as efforts have already begun towards hospital reduction and diversion. The NSMHA has completed a Hospital Reduction work group and inpatient reduction has been prioritized as one of six statewide performance indicators. The NSMHA will review the results of the Hospital Reduction work group and bring recommendation and action steps forward to QMC and QMOC.

Update: *Beginning August 1, 2007, the Mental Health Division and Health and Recovery Services Administration implemented state wide changes to the inpatient utilization management process. The NSMHA anticipates that the new process will allow us to better manage inpatient resources.*

In addition, the NSMHA and providers are implementing programs to strengthen the continuum of care in the region. The NSMHA and providers began PACT in Snohomish and Whatcom Counties and Children’s Wraparound programs in all five counties. The NSMHA is also working toward starting a Children’s Short Term High Intensity Program. The NSMHA has not yet reviewed the original results of the Hospital Reduction Workgroup. The NSMHA anticipates reviewing the results of the workgroup in the context of the changes that have occurred, in IQMC, during the next 6 months.

F. Medication Management Services

As outlined in the previous reports, medication management services, including access and triage to medication management services, medication management capacity, and discharge from medication management services has been identified as an area for further study and review. (Ombuds services identified concerns about access to prescribers and medication services and the number of complaints in this category has shown an increase over time).

As also outlined in the last report, the NSMHA completed a plan to study medication management services and the NSMHA and providers, for the next contracting period, has adopted a modified fee for service model that will purchase an increase in medication management services.

Update: *The NSMHA began the process to study medication management services by requesting copies of provider medication management triage policies and procedures for review. A review of the data shows that complaints regarding physicians and medications accounted for the third most reported complaints in the current reporting period and the second most complaints over the past year.*

G. Region Wide Access Process

As outlined in previous reports, the processes used to gather information and records during the access process (from the initial call to access through the assessment process) has been identified as an area for further study and review. This recommendation was made in light of the need to establish consumer eligibility for services within a short time frame with the goal of maximizing the potential for complete information when establishing consumer eligibility for services.

As also outlined in previous reports, the region wide Access system had been undergoing a process of transition from Compass Health to the Volunteers of America. The NSMHA had also been restructuring the process for Authorization of Outpatient Services. The NSMHA had postponed this objective due to these system transitions.

Update: *The NSMHA will begin to review the access processes used to gather information and records. The first step will be a meeting with VOA to review current practices.*

H. Database for Complaints, Grievances, and Fair Hearings Recommendation to develop a regional database for complaints, grievances and fair hearings to track, monitor and analyze data related to complaints, grievances and fair hearings and unduplicate cases.

Update: *The NSMHA has not yet begun to develop a regional database for complaints.*

I. Broad and Consistent Reporting of Complaints

As outlined above and in previous reports, the NSMHA has made it a goal to work towards broad and consistent reporting of complaints and grievances across multiple reporting sources. Part of this goal includes capturing concerns that occur at the provider level when consumers are not involved in Ombuds services.

As there have been few emergency services complaints reported by some NSMHA providers, broad and consistent reporting of emergency services complaints was identified as an area for quality improvement and addressed through the NSMHA Integrated Crisis Response System (ICRS) Committee. Broad and consistent reporting of complaints that involve children was also identified as an area for quality improvement

Update: *The NSMHA continues to track the number and percentages of complaint and grievance occurrences and cases reported by Ombuds services and providers. The percentage of cases and occurrences reported through Ombuds services has increased over the last two reporting periods since April through September of 2006 when it was the lowest since we began keeping this data in 2003.*

During the current period, providers reported 24% of the cases and 14% of occurrences and Ombuds services reported 75% of the cases and 84% of occurrences. Ombuds services report more occurrences per case than do providers. (See Attachment E-Table 4-Percentage of Cases and Occurrences by Reporting Source 4-2003-9-2007 for additional information about cases and occurrences over time).

The NSMHA also continues to track the number of emergency services complaints reported by each reporting source. Results for the latest reporting period show that emergency services complaints by some provider's remains low. (See Attachment F-Table 5 Emergency Services Complaints by Reporting Source 4-2003-9-2007 for additional information about emergency services reporting over time).

The number of occurrences and cases reported that involve children has shown a decrease over the last four reporting periods (See Attachment C—Table 1 Kids--Complaints, Grievances, and Fair Hearings Filed 4-2000-9-2007 for information about complaint reporting for children over time).

IV. COMPLETED QUALITY IMPROVEMENT INITIATIVES

A. Flex Funds As outlined in previous reports, the NSMHA made a recommendation to increase flex funds (Ombuds services report that at times flex funds were unavailable when needed to assist consumers). The NSMHA increased the allocation of flex funds in the new fee for service model by approximately \$75,000. We also tried to realign the incentives to increase the use of flex funds. In addition the NSMHA has allocated approximately \$17,000 in new flex funds to the 2006/2007 federal block grant program for non-Medicaid adults and has included additional separate flex funds for the new PACT programs. These steps were taken to increase the use of flex funds in the North Sound Region.

***Update:** This initiative was reviewed by IQMC, QMC, and QMOC and is considered complete.*

B. Outpatient Discharge Process As discussed previously in this report, the NSMHA outlined the need for standardization of the outpatient discharge process (based in part on Ombuds services complaints from consumers and in part on new requirements). The NSMHA and providers began a subcommittee of the Quality Management Committee (QMC) to clarify discharge policies and procedures.

Policies regarding continued stay/authorization criteria, criteria for closing an episode of care/planned discharge from treatment, medication management transfers to primary care physicians, and 30-day written notice of termination to consumers have been completed.

***Update:** The initial work plan objectives regarding the outpatient discharge process have been completed. This initiative was reviewed by IQMC, QMC, and QMOC and is considered complete.*

C. Region Wide Diagnostic Practice Standards As outlined in the previous reports the NSMHA has instituted the practice of reviewing appeals that result in the reversal of the original denial decision by the region. Based in part on this review, the NSMHA and providers adopted a set of practice standards for the diagnostic process designed to provide consistent, uniform and complete diagnosis during the assessment process.

The NSMHA continues to see an increase in the consistency and quality of the diagnostic formulations used in the assessment process, although there are areas that continue to need improvement. The initial work plan objectives regarding practice standards for the diagnostic process have been completed.

***Update:** The NSMHA, providers, and Ombuds services reviewed this area and determined that if further work is needed to refine the diagnostic process, this will occur as part of the review of the access system.*

V. PROVIDER QUALITY IMPROVEMENT ACTIVITIES and OMBUDS RECOMMENDATIONS

As outlined in previous reports, the Providers continue to provide semi-annual information to the NSMHA about how they use complaint and grievance information in their internal quality management processes. The NSMHA has also begun to collect information about how this information is integrated into provider Quality Management Plans.

A. Provider Quality Improvement Activities

The NSMHA continued to receive many positive examples from providers about how they are incorporating complaint data into their quality management processes and how consumer concerns can lead to areas for further study and review or as areas identified for continuous quality improvement. For each six month Exhibit N reporting period, providers submit a summary and analysis of their complaint data.

The summary includes analysis of their complaint data, identification of system implications, identification of areas for further study and review or quality improvement, information about how complaint, grievance, appeal, or fair hearing data is used on their quality management plan, and measures that may be taken to address areas identified for quality improvement. Some positive examples from providers are presented below.

- Compass Health reported two primary themes from their data this period. The first is a cluster of complaints from consumers who lost their clinician, did not have a quick reassignment to a new clinician, and experienced a disruption in the continuity of their service.

In response, Compass is currently restructuring some of their programs, ensuring there is always a duty case manager available for clients who have urgent needs, informing clients of their rights, and prioritizing reassignment of the highest risk clients first. In addition, Compass reports they are working with NSMHA staff on a week-by-week plan, diverting some assessments to Sunrise Services and informing current, unassigned clients of their option to transfer to another provider if they feel they cannot, or would prefer to not, wait for reassignment to a Compass clinician. Compass Health reports it is likely they will continue to see this cluster of complaints continue into the next reporting period, although they hope to have the situation stabilized soon.

The second cluster of consumer concerns involved consumers' frustration with the communication and customer services of the payee department. Compass Health reports their payee department has started a process to improve their responsiveness to phone call requests, systematized the process by which consumers can receive statements of their accounts, and developed materials to help explain the program for both clients and staff, so there is more clarity about what they can expect from the payee department.

- Catholic Community Services continues to report that one area of focus is the importance of the therapeutic alliance and paying attention to the balance that needs to be struck when working with multiple stakeholders in child and family work.
- Whatcom Counseling and Psychiatric Clinic (WCPC) are discussing the frequency of requests for change in medication prescribers to determine the primary cause and appropriateness of the requests.
- Lake Whatcom Center (LWC) has requested that the PACT Peer Specialist provide an all-staff training on client rights and dignity and respect within the next 6 months. The LWC Quality Management/Human Resources Program is also going to develop and administer a dignity and respect self study training within the next 3 months and will seek the participation of consumers in the development of the training.
- Volunteers of America has expanded their quality management plan to include a new objective ensuring that their Access clinicians' requests for expedited assessments are being carried through at the provider level.

B. Ombuds Services Recommendations

The NSMHA Ombuds services also provide a semi-annual summary of their data and recommendations for quality improvement. Many of the Ombuds recommendations for further study and review or quality improvement are being addressed as outlined above. Some Ombuds services recommendations for quality improvement focus during this period include:

1. Dignity & Respect

Ombuds services recommend the NSMHA continue efforts towards addressing dignity and respect and encourage the region to "redouble our effort to overcome lack of dignity and respect to the region's consumers." Ombuds services further request that the NSMHA target these issues at every level.

2 Mortality

Ombuds services continue to encourage an increased focus on consumer death and injury by “addressing co-morbid conditions and doing outreach in order to prevent self-harm, suicide attempts and death.” This recommendation stems from their involvement in the critical incident review process.

VI. FUTURE PLANS

(1). The NSMHA continues to work towards broad and consistent reporting of complaints across multiple reporting sources and will continue to work towards increased reliability in reporting. Creating a database to collect complaint information may assist with the increased reliability of the reporting process.

(2). The NSMHA Internal Quality Management Committee (IQMC) will review the current complaint and grievance data and report, make recommendations for further study and review or quality improvement, and present these recommendations to the QMC and OMOC.

(3). In addition to reviewing the aggregate data in these reports to identify any trends, individual complaints, grievances, or appeals with system implications, or patterns or clusters of complaints, grievances, or appeals with system implications will be reviewed and used to generate quality improvement activities or identify areas for further study and review. The NSMHA will continue to work closely with Ombuds services to address any emerging patterns or clusters of complaints and incorporate this information into quality management processes.

(4). The NSMHA will also continue the practice of reviewing appeals that result in the reversal of the original denial decision in order to ensure this process is reliable, adheres to standards, and identifies areas for potential quality improvement.

(5). The NSMHA and providers will continue to collaborate to use information about complaints, grievances, appeals, denials, and fair hearings as opportunities for quality improvement.

(6). The NSMHA will also continue to work with the Mental Health Division to clarify changes in the reporting format and changes in the contract regarding the grievance system. The NSMHA will update the Complaint, Grievance, Appeal, and Fair Hearing Policies to reflect these changes. In addition the NSMHA will begin reporting grievance, fair hearing, appeal, and denial data on a quarterly basis as required in the new Mental Health Division contracts.

PIHP Name NSMHA
 Contact Name: Diana Striplin
 Reporting Period: April 2007 through September 2007
Contact Phone No. (360) 416-7013
 (Month and Year)

Total Unduplicated Number of Adult Cases

12

Total Unduplicated Children Cases

0

Occurrence					
	CMHA Grievances	PIHP Grievances	Fair Hearings	Outstanding	Denials
Adult (21 Yrs. and over)					
Access to Outpatient	0	2	0	1	56
Dignity and Respect	7	4	0	4	
Quality/ Appropriateness	1	1	0	1	
Phone calls not returned	1	0	0	1	
Service -- Intensity, Not Available, Coordination	1	0	0	1	
Consumer Rights	3	1	0	0	
Physicians & Medications	2	2	0	2	
Financial & Admin Svs	6	0	0	4	
Transportation	0	0	0	0	0
Emergency Services	3	0	0	1	0
Access to Inpatient	0	0	0	0	7
Violation of Confidentiality	0	0	0	0	
Participation in Treatment	0	0	0	0	
Other	3	0	0	2	0
Total	27	10	0	17	63

Occurrence					
	CMHA Grievances	PIHP Grievances	Fair Hearing	Outstanding	Denials
Children (0-20 Yrs.)					
Access to Outpatient	0	0	0	0	72
Dignity and Respect	0	0	0	0	
Quality/ Appropriateness	0	0	0	0	
Phone calls not returned	0	0	0	0	
Service -- Intensity, Not Available, Coordination	0	0	0	0	
Consumer Rights	0	0	0	0	
Physicians & Medications	0	0	0	0	
Financial & Admin Svs	0	0	0	0	
Transportation	0	0	0	0	0
Emergency Services	0	0	0	0	0
Access to Inpatient	0	0	0	0	0
Violation of Confidentiality	0	0	0	0	
Participation in Treatment	0	0	0	0	
Other	0	0	0	0	0
Total	0	0	0	0	72

Resolutions				
	CMHA Grievances	PIHP Grievances	Fair Hearings	Outstanding from Last Period
Adult (21 Yrs. and over)				
Info/Referral	0	0	0	0
Referral to QRT	0	0	0	0
Conciliation/Mediation	11	6	0	1
Arbitration	0	0	0	0
Fair Hearing	0	0	0	0
Other	3	0	0	0
Not Pursued	0	0	0	0
Total	14	6	0	1

Resolutions				
	CMHA Grievances	PIHP Grievances	Fair Hearing	Outstanding from Last Period
Children (0-20 Yrs.)				
Info/Referral	0	0	0	0
Referral to QRT	0	0	0	0
Conciliation/Mediation	0	0	0	0
Arbitration	0	0	0	0
Fair Hearing	0	0	0	0
Other	0	0	0	0
Not Pursued	0	0	0	0
Total	0	0	0	0

RSN Name NSMHA

Contact Name: Diana Striplin

Reporting Period: April 2007 through September 2007
(Month and Year)

Contact Phone #: (360) 416-7013 Ext 240

Total Unduplicated Number of Adult Cases 1

Total Unduplicated Number of Children Cases 0

Occurrence				
	CMHA Grievances	RSN Grievances	Fair Hearings	Outstanding
Adult (21 Yrs. and over)				
Access	0	0	0	0
Dignity and Respect	2	0	0	0
Quality/ Appropriateness	0	0	0	0
Phone calls not returned	0	0	0	0
Service -- Intensity, Not Available, Coordination	0	0	0	0
Consumer Rights	0	0	0	0
Physicians & Medications	0	0	0	0
Financial & Admin Svs	0	0	0	0
Residential	0	0	0	0
Housing	0	0	0	0
Transportation	0	0	0	0
Emergency Services	0	0	0	0
Violation of Confidentiality	0	0	0	0
Participation in Treatment	0	0	0	0
Other	0	0	0	0
Total	2	0	0	0

Occurrence				
	CMHA Grievances	RSN Grievances	Fair Hearings	Outstanding
Children (0-20 Yrs.)				
Access	0	0	0	0
Dignity and Respect	0	0	0	0
Quality/ Appropriateness	0	0	0	0
Phone calls not returned	0	0	0	0
Service -- Intensity, Not Available, Coordination	0	0	0	0
Consumer Rights	0	0	0	0
Physicians & Medications	0	0	0	0
Financial & Admin Svs	0	0	0	0
Residential	0	0	0	0
Housing	0	0	0	0
Transportation	0	0	0	0
Emergency Services	0	0	0	0
Violation of Confidentiality	0	0	0	0
Participation in Treatment	0	0	0	0
Other	0	0	0	0
Total	0	0	0	0

Resolutions				
	CMHA Grievances	RSN Grievances	Fair Hearings	Outstanding from Last Period
Adult (21 Yrs. and over)				
Info/Referral	0	0	0	0
Referral to QRT	0	0	0	0
Conciliation/Mediation	2	0	0	0
Arbitration	0	0	0	0
Fair Hearing	0	0	0	0
Other	0	0	0	0
Not Pursued	0	0	0	0
Total	2	0	0	0

Resolutions				
	CMHA Grievances	RSN Grievances	Fair Hearing	Outstanding from Last Period
Children (0-20 Yrs.)				
Info/Referral	0	0	0	0
Referral to QRT	0	0	0	0
Conciliation/Mediation	0	0	0	0
Arbitration	0	0	0	0
Fair Hearing	0	0	0	0
Other	0	0	0	0
Not Pursued	0	0	0	0
Total	0	0	0	0

PIHP Notice of Action Appeals Report 05-07

PIHP North Sound MHA-Diana Striplin

Report Period April 1, 2007-September 30, 2007

ATTACHMENT B

ADULTS		Resolutions		
Expedited Appeals	Resolution within 3 working days	Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied
	Referred to Standard Appeals			
	Denials			
	Reduction			
	Suspensions			
	Terminations			
Total	0			

CHILDREN		Resolutions		
Expedited Appeals	Resolution within 3 working days	Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied
	Referred to Standard Appeals			
	Denials			
	Reduction			
	Suspensions			
	Terminations			
Total	0			

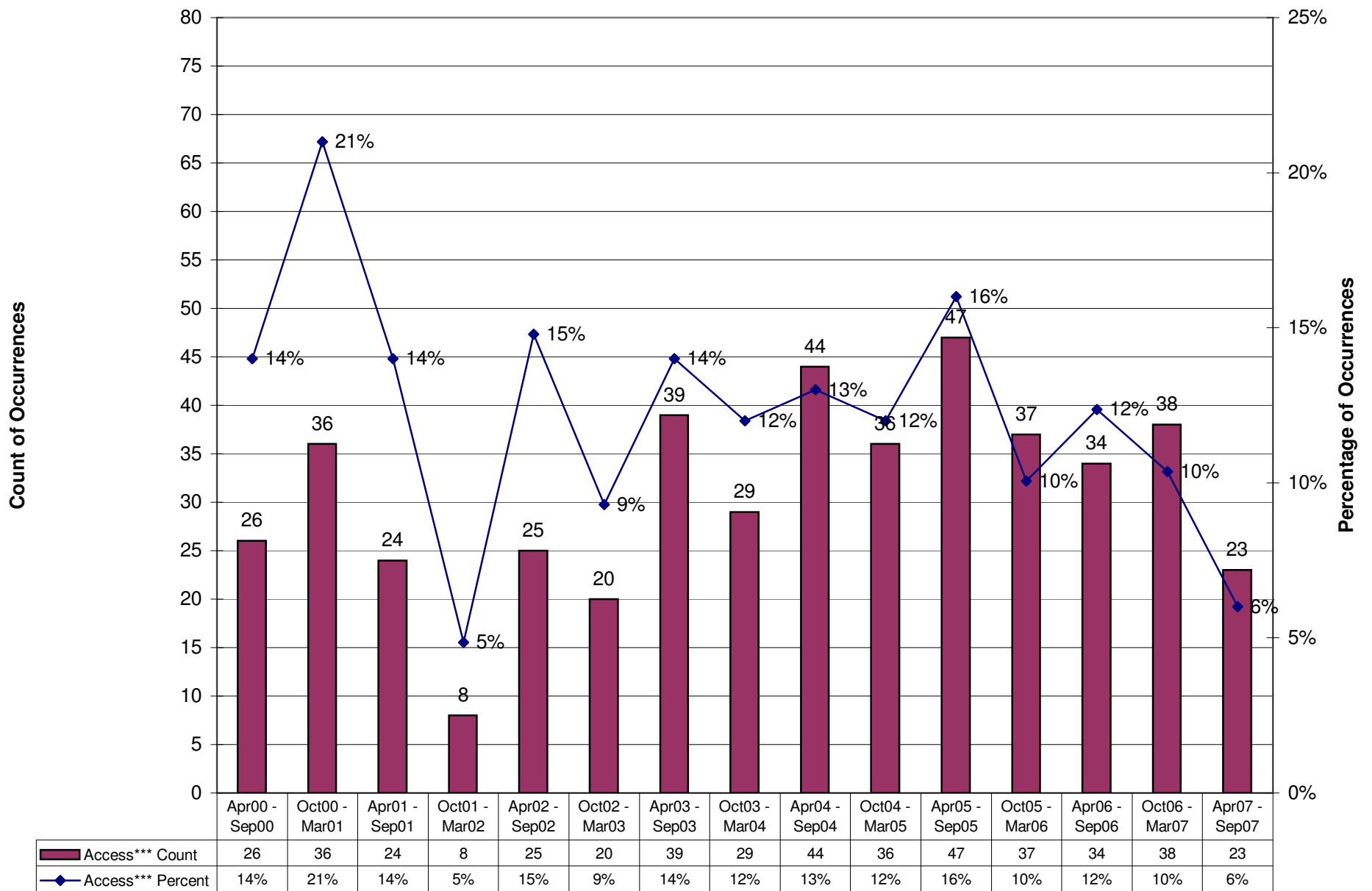
		Resolutions		
Standard Appeals	Resolution within 45 days	Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied
	Denials	2	1	1
	Reduction			
	Suspensions			
	Terminations			
	Total	2	1	1

		Resolutions		
Standard Appeals	Resolution within 45 days	Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied
	Denials	1	1	
	Reduction			
	Suspensions			
	Terminations			
	Total	1	1	

		Resolutions		
Standard Appeals	Resolution within 59 days	Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied
	Denials			
	Reduction			
	Suspensions			
	Terminations			
	Total	0		

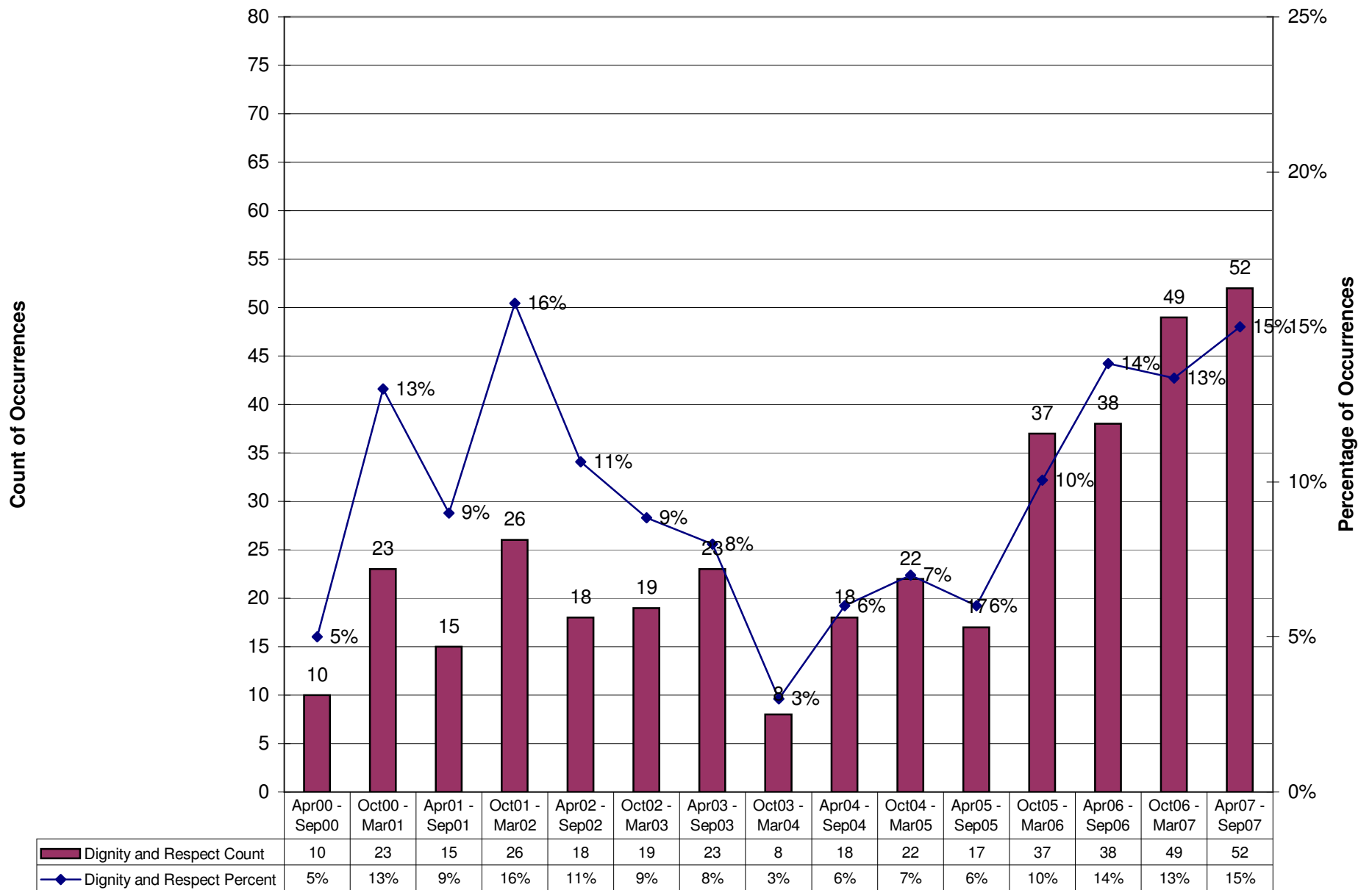
		Resolutions		
Standard Appeals	Resolution within 59 days	Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied
	Denials			
	Reduction			
	Suspensions			
	Terminations			
	Total	0		

Chart 4 -
Access



Reporting Period

Chart 4 -
Dignity and Respect



Reporting Period

Chart 4 -
Quality/Appropriateness

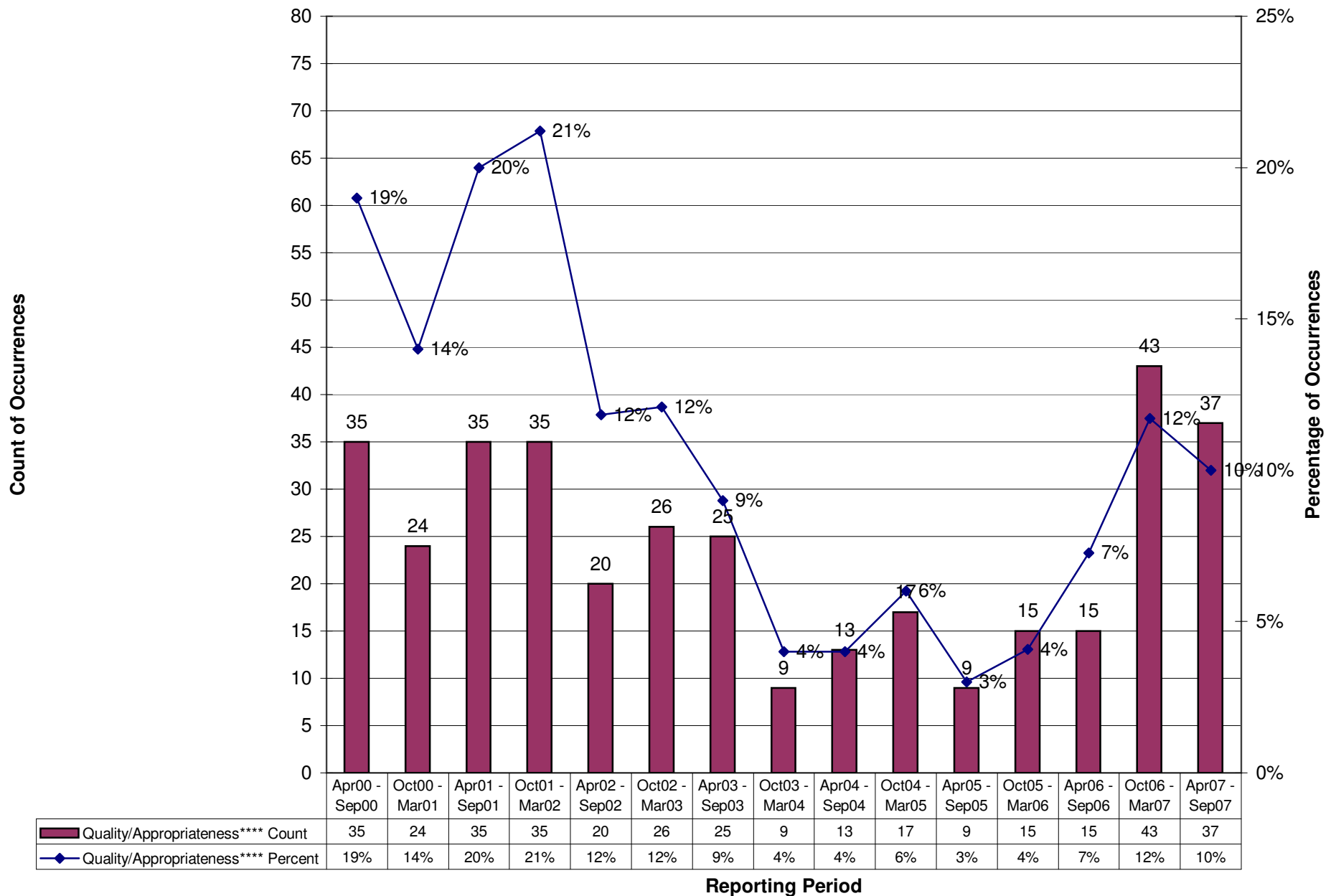


Chart 4 -
Phone Calls

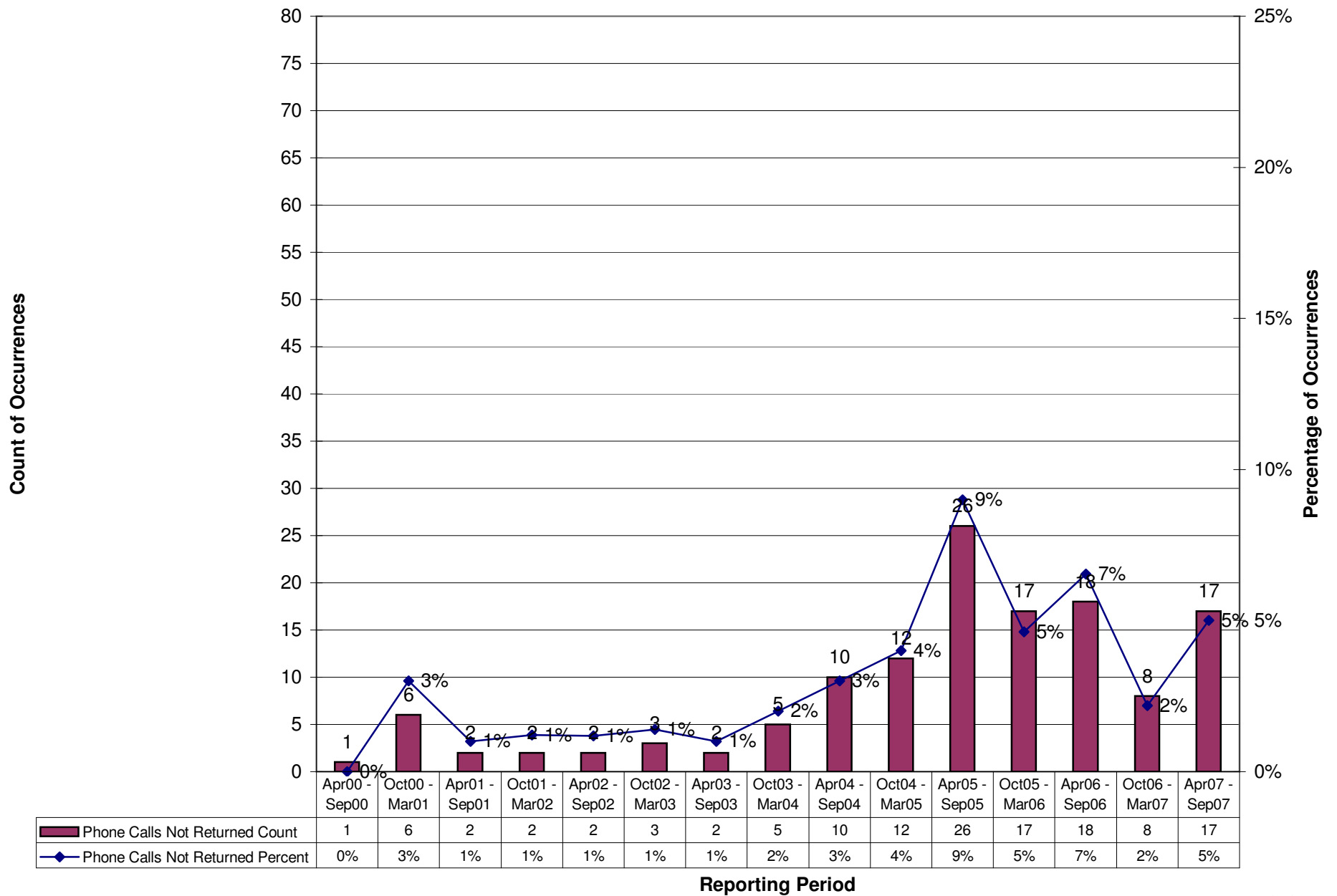
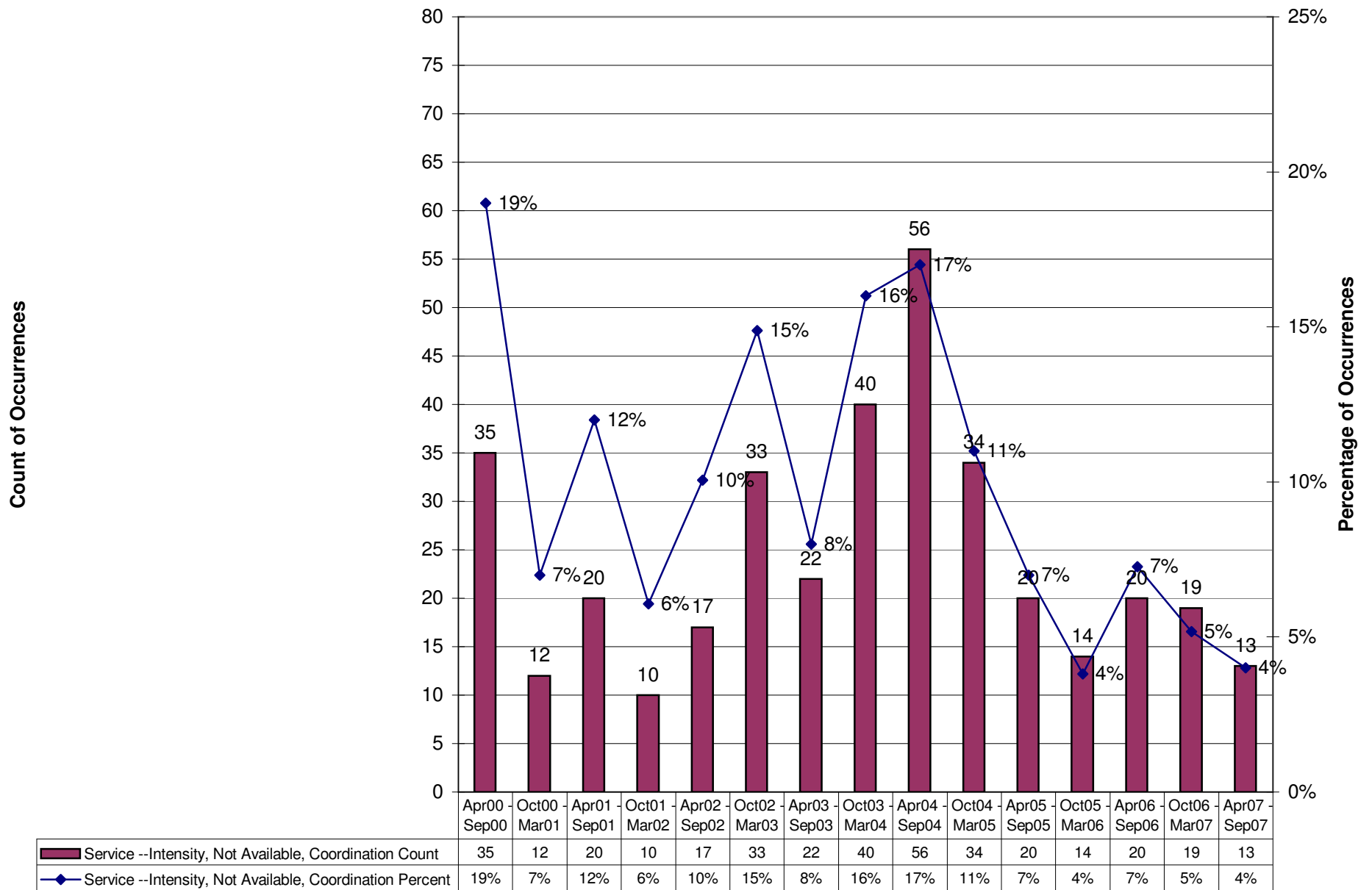


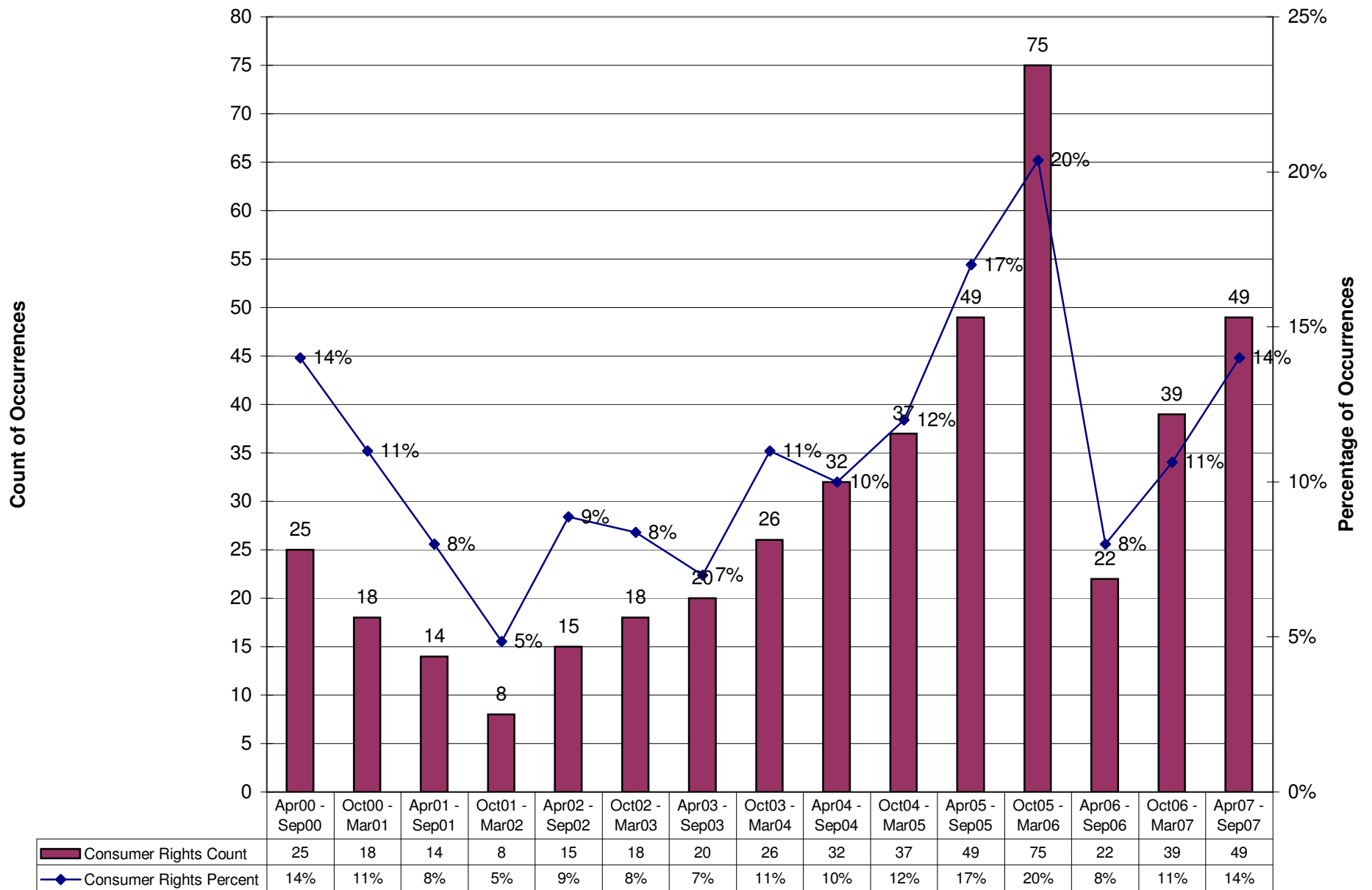
Chart 4 -

Service -- Intensity, Not Available, Coordination



Reporting Period

Chart 4 -
Consumer Rights



Reporting Period

Chart 4 -
Physicians & Medications

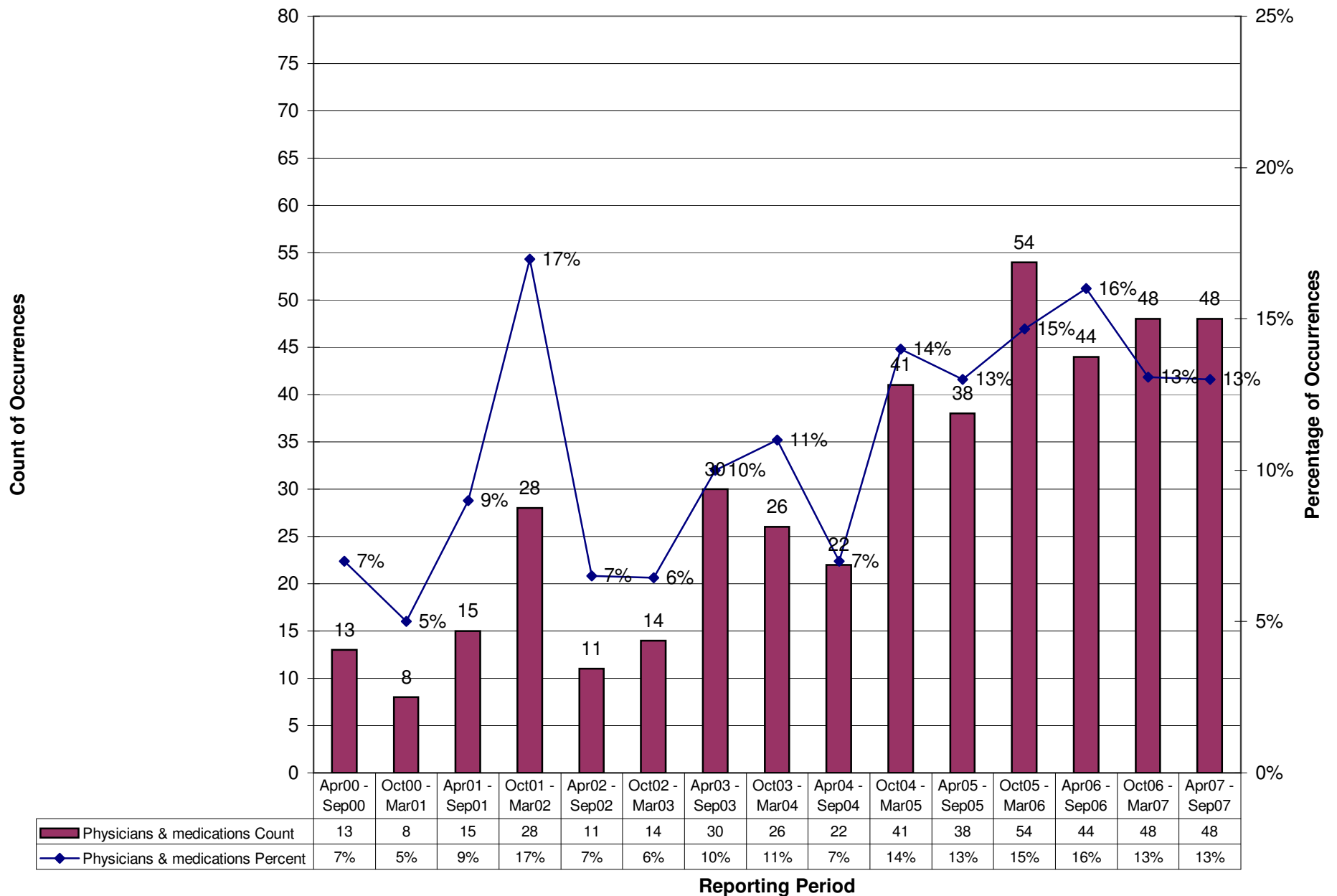


Chart 4 -
Financial & Admin. Services

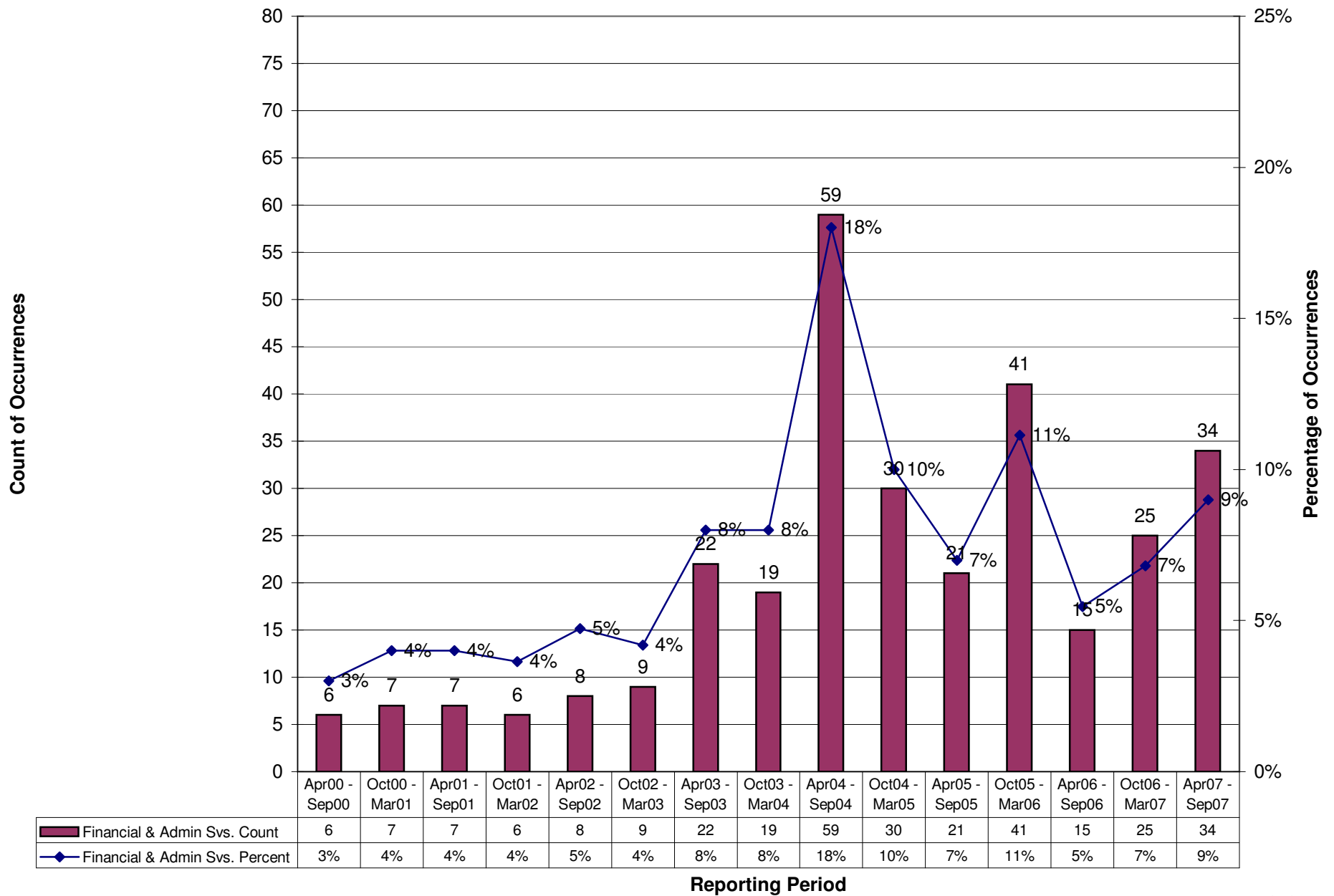
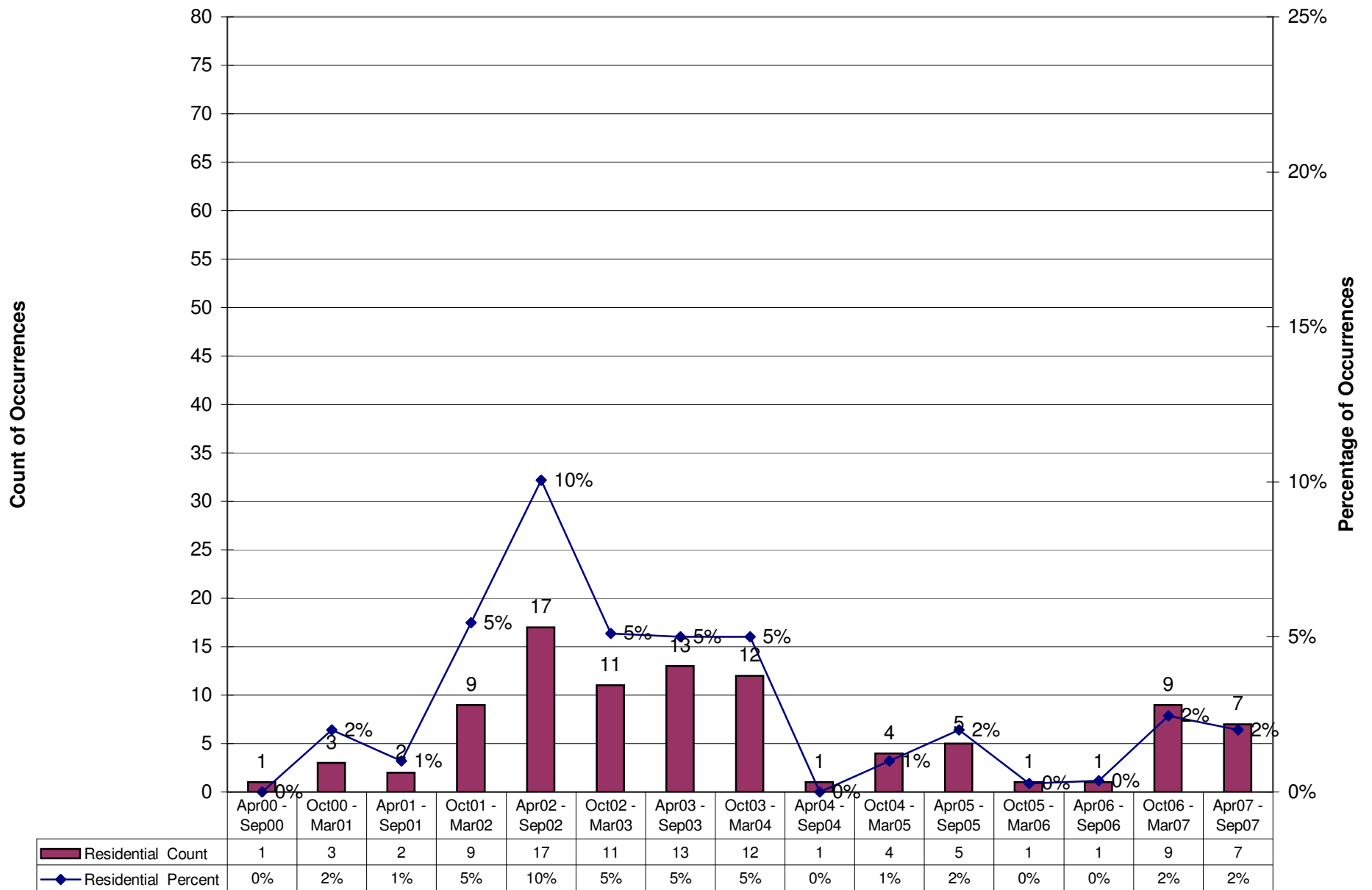
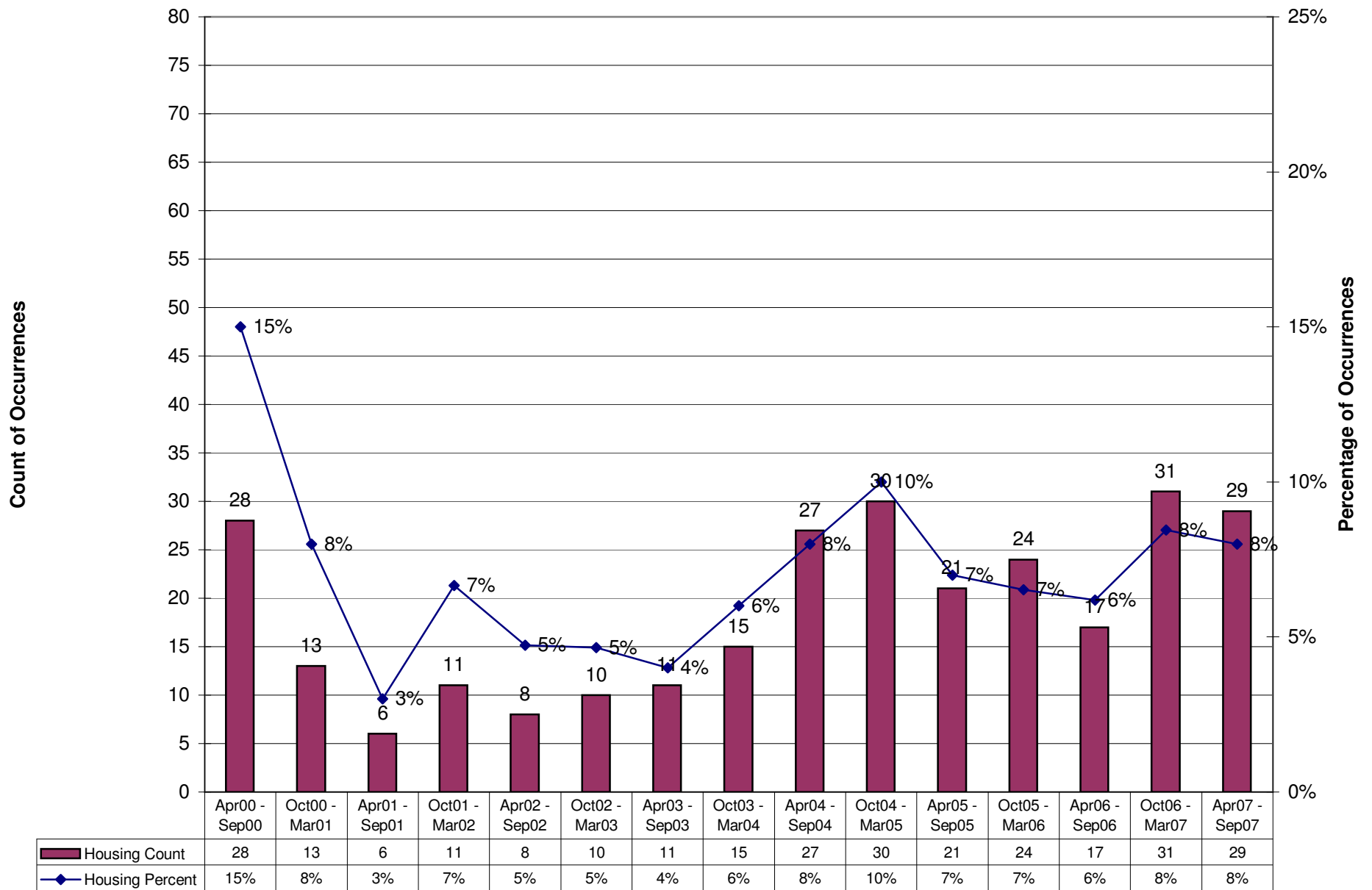


Chart 4 -
Residential



Reporting Period

Chart 4 -
Housing



Reporting Period

Chart 4 -
Transportation

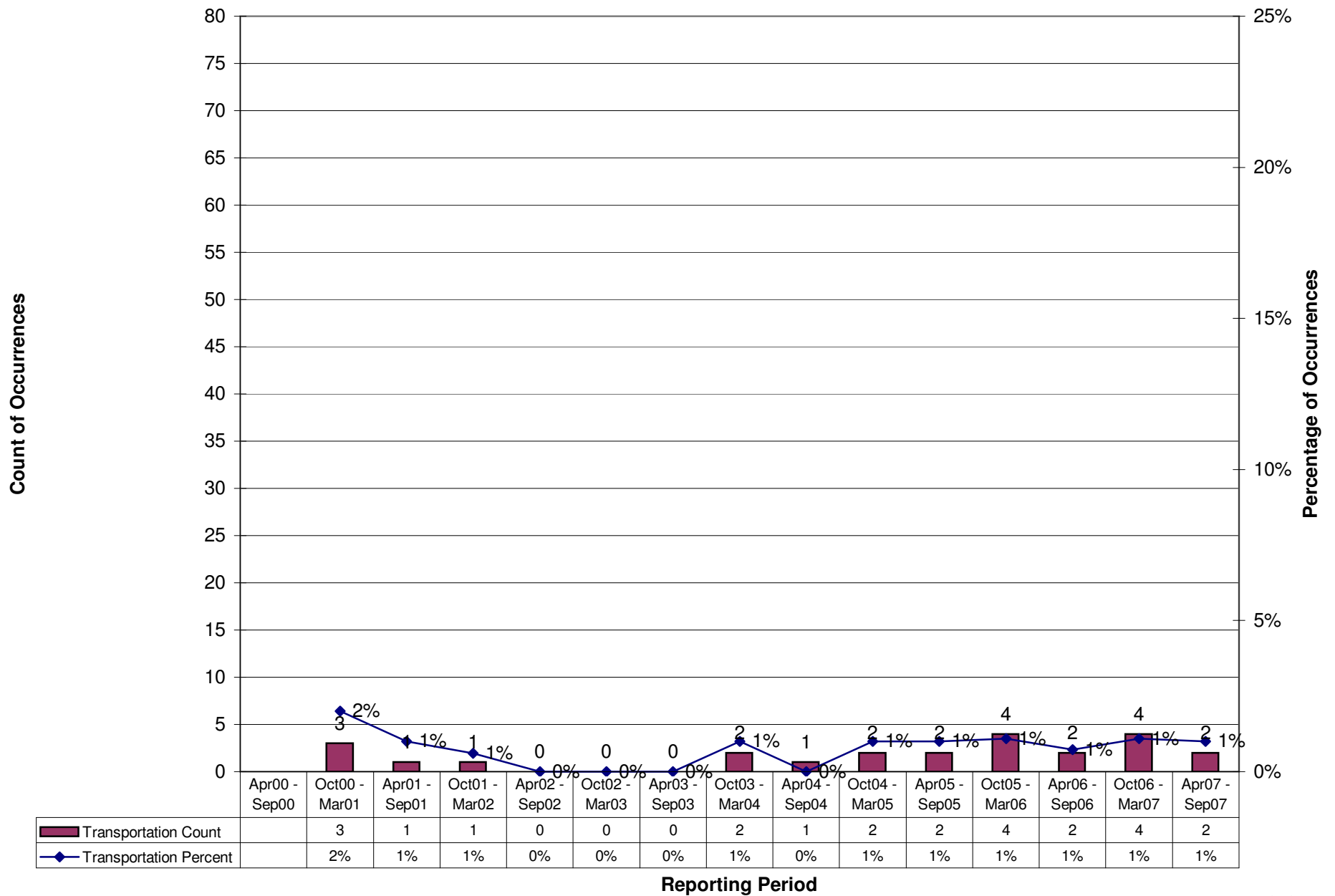


Chart 4 -
Emergency Services

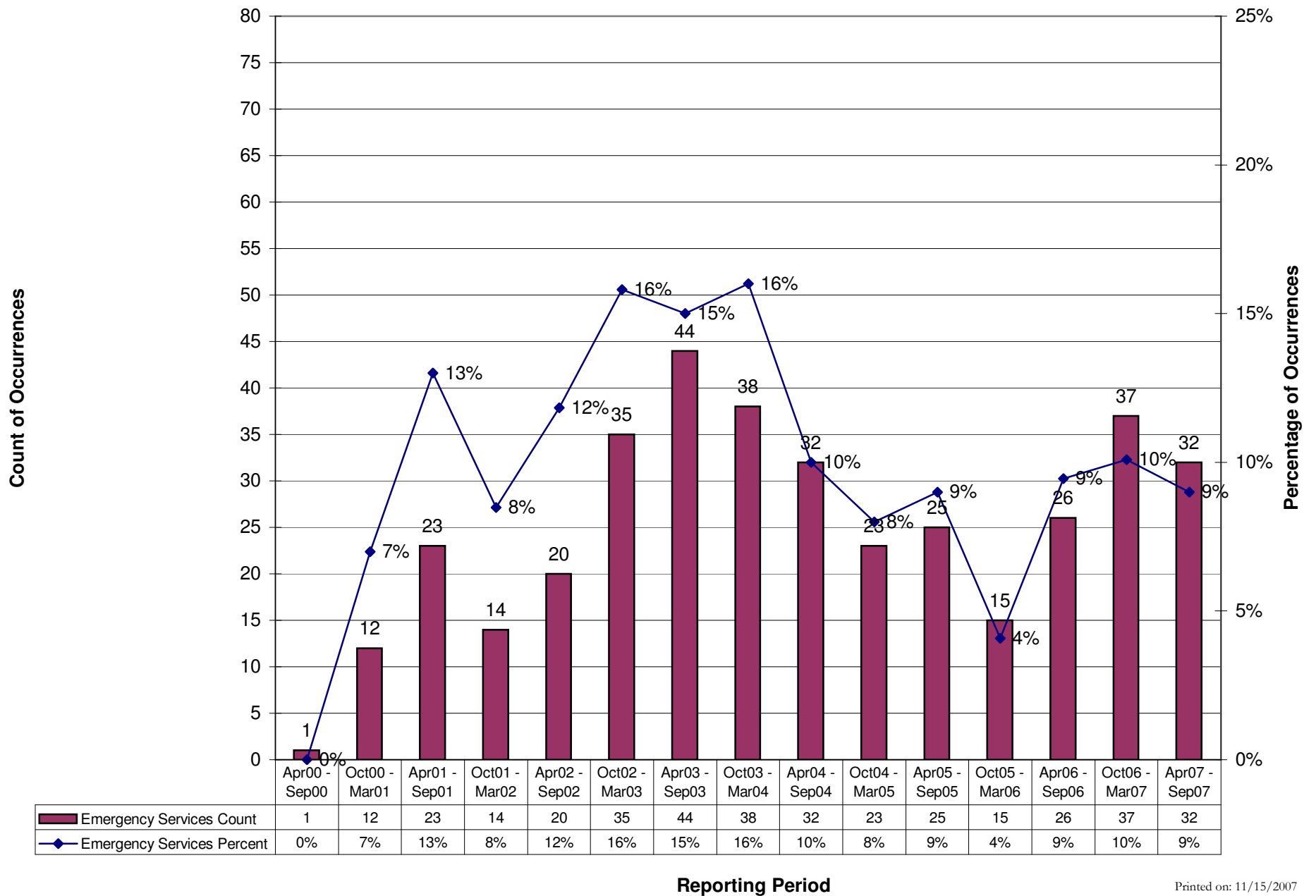


Chart 4 -
Other

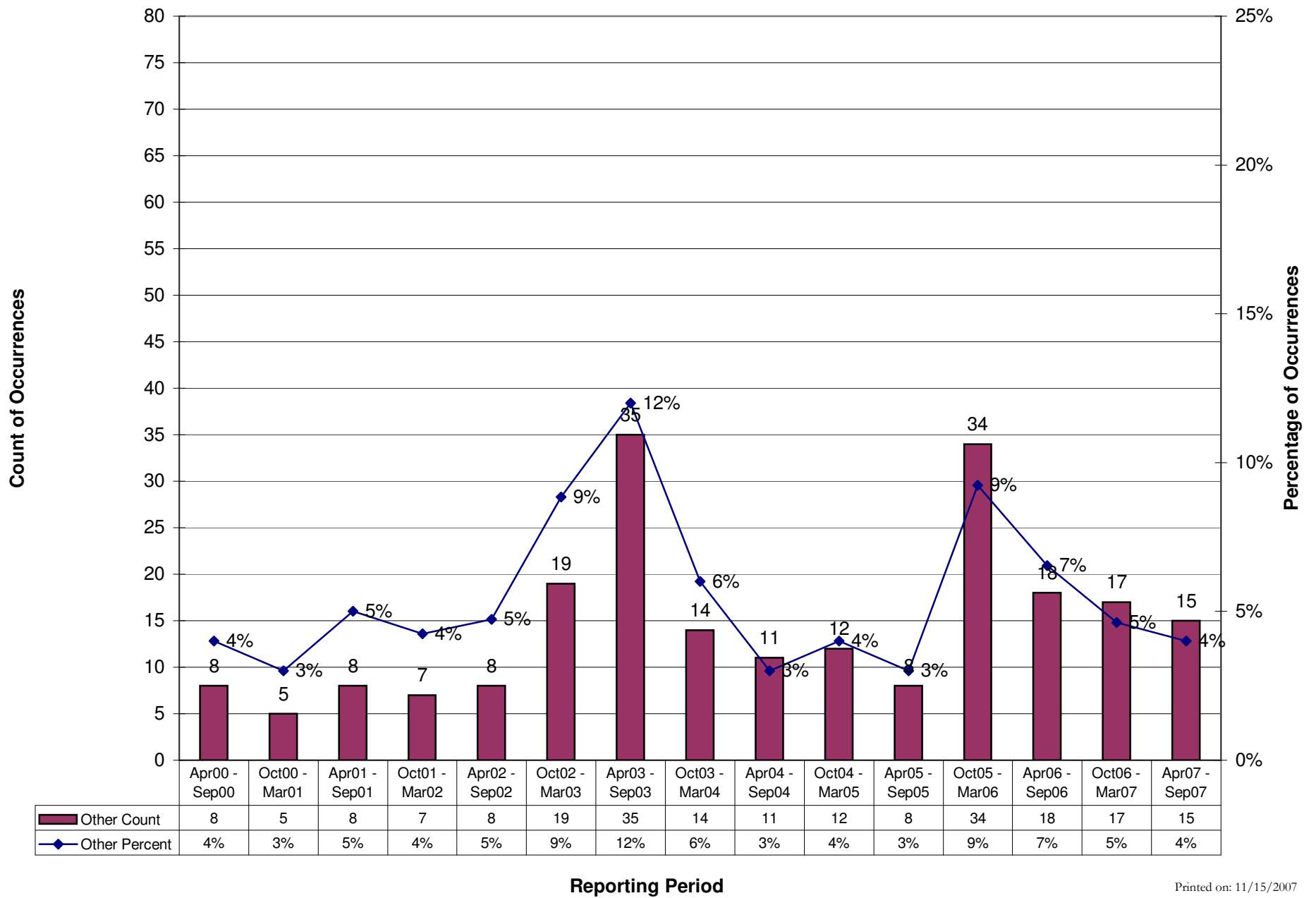
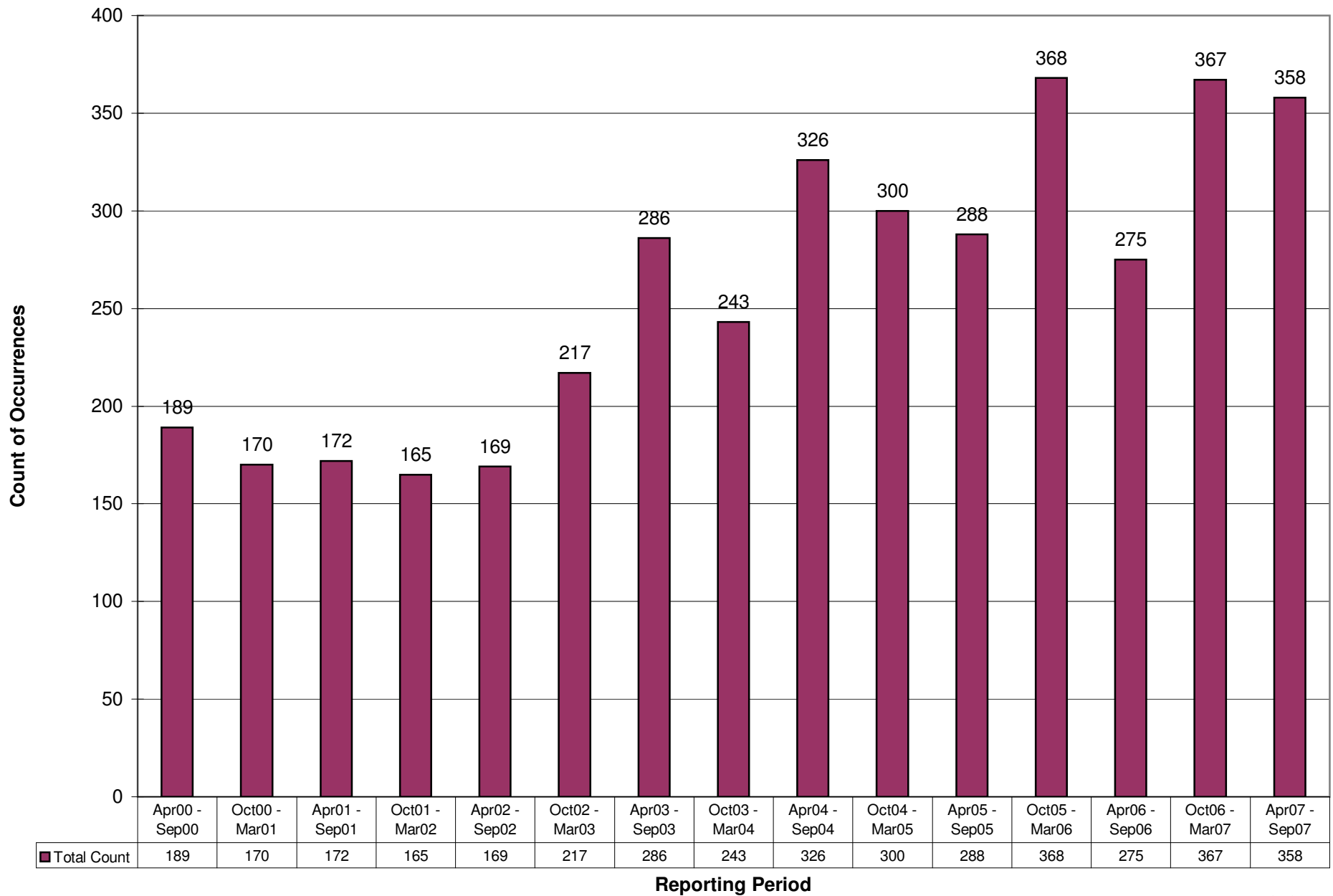


Chart 4 -
Total Occurrences



ATTACHMENT C - Totals
TABLE 1 - COMPLAINTS, GRIEVANCES, FAIR HEARINGS FILED
REPORTING FROM 4/1/2000 through 9/30/2007

OCCURRENCES - (Includes occurrences of complaints, grievances, and fair hearings files)	TIME PERIOD																																	
	4/1/2000 - 9/30/2000		10/1/2000 - 3/31/2001		4/1/2001 - 9/30/2001		10/1/2001 - 3/31/2002		4/1/2002 - 9/30/2002		10/1/2002 - 3/31/2003		4/1/2003 - 9/30/2003		10/1/2003 - 3/31/2004		4/1/2004 - 9/30/2004		10/1/2004 - 3/31/2005		4/1/2005 - 9/30/2005		10/1/2005 - 3/31/2006		4/1/2006 - 9/30/2006		10/1/2006 - 3/31/2007		4/1/2007 - 9/30/2007		4/1/2000 - 9/30/2007			
	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total		
Unduplicated Number of Cases																																		
Access*	26	14%	36	21%	24	14%	8	5%	25	15%	20	9%	39	14%	29	12%	44	13%	36	12%	47	16%	37	10%	34	12%	38	10%	49	13%	52	15%	466	12%
Dignity and Respect	10	5%	23	14%	15	9%	26	16%	18	11%	19	9%	23	8%	8	3%	18	6%	22	7%	17	6%	37	10%	38	14%	49	13%	52	15%	375	10%		
Quality/Appropriateness **	35	19%	24	14%	35	20%	35	21%	20	12%	26	12%	25	9%	9	4%	13	4%	17	6%	9	3%	15	4%	20	7%	43	12%	37	10%	363	9%		
Phone Calls Not Returned	1	1%	6	4%	2	1%	2	1%	2	1%	3	1%	2	1%	5	2%	10	3%	12	4%	26	9%	17	5%	18	7%	8	2%	17	5%	131	3%		
Service -- Intensity, Not Available, Coordination	35	19%	12	7%	20	12%	10	6%	17	10%	33	15%	22	8%	40	16%	56	17%	34	11%	20	7%	14	4%	20	7%	19	5%	13	4%	365	9%		
Consumer Rights	25	13%	18	11%	14	8%	8	5%	15	9%	18	8%	20	7%	26	11%	32	10%	37	12%	49	17%	75	20%	22	8%	39	11%	49	14%	447	11%		
Physicians & medications	13	7%	8	5%	15	9%	28	17%	11	7%	14	6%	30	10%	26	11%	22	7%	41	14%	38	13%	54	15%	44	16%	48	13%	48	13%	440	11%		
Financial & Admin Svs.	6	3%	7	4%	7	4%	6	4%	8	5%	9	4%	22	8%	19	8%	59	18%	30	10%	21	7%	41	11%	15	5%	25	7%	34	9%	309	8%		
Residential	1	1%	3	2%	2	1%	9	5%	17	10%	11	5%	13	5%	12	5%	1	0%	4	1%	5	2%	1	0%	1	0%	9	2%	7	2%	96	2%		
Housing	28	15%	13	8%	6	3%	11	7%	8	5%	10	5%	11	4%	15	6%	27	8%	30	10%	21	7%	24	7%	17	6%	31	8%	29	8%	281	7%		
Transportation	0	0%	3	2%	1	1%	1	1%	0	0%	0	0%	0	0%	2	1%	1	0%	2	1%	2	1%	4	1%	2	1%	4	1%	2	1%	24	1%		
Emergency Services	1	1%	12	7%	23	13%	14	8%	20	12%	35	16%	44	15%	38	16%	32	10%	23	8%	25	9%	15	4%	26	9%	37	10%	32	9%	377	10%		
Other	8	4%	5	3%	8	5%	7	4%	8	5%	19	9%	35	12%	14	6%	11	3%	12	4%	8	3%	34	9%	18	7%	17	5%	15	4%	219	6%		
Total	189	100%	170	100%	172	100%	165	100%	169	100%	217	100%	286	100%	243	100%	326	100%	300	100%	288	100%	368	100%	275	100%	367	100%	358	100%	3,893	100%		

Data Notes:

* Access refers to the degree to which services are quickly and readily obtainable to consumers. It includes the responsiveness of the Washington State Mental Health system to individual and cultural needs and the availability of mental health services.

** Quality/Appropriateness refers to the degree that service features meet (fit) consumer needs and are free from error and deficiencies.

*** The NSMHA further defined the definition of care to mean the person once during the reporting period.

Complaint and Grievance data has been collected since 4-1-1999.

Beginning 10-1-2001 the data reflects both unduplicated cases (individuals at a point in time) and occurrences (each instance of a complaint, grievance, or fair hearing). If a complaint moves to an RSN grievance it is counted twice. Prior to 10-1-2001 each complaint was counted only once even if the complaint moved to a grievance or fair hearing. Comparison of data across these reporting periods should be interpreted cautiously due to the change in reporting methods.

Beginning 4-1-2001, Provider Level Grievances were also captured as occurrences. For the purposes of this Attachment, all occurrences are rolled-up.

Violation of Confidentiality and participation in Treatment are rolled into Other.

ATTACHMENT C - Adults
TABLE 1 - COMPLAINTS, GRIEVANCES, FAIR HEARINGS FILED
REPORTING FROM 4/1/2000 though 9/30/2007

OCCURRENCES - (Includes occurrences of complaints, grievances, and fair hearings files)	TIME PERIOD																																
	4/1/2000 - 9/30/2000		10/1/2000 - 3/31/2001		4/1/2001 - 9/30/2001		10/1/2001 - 3/31/2002		4/1/2002 - 9/30/2002		10/1/2002 - 3/31/2003		4/1/2003 - 9/30/2003		10/1/2003 - 3/31/2004		4/1/2004 - 9/30/2004		10/1/2004 - 3/31/2005		4/1/2005 - 9/30/2005		10/1/2005 - 3/31/2006		4/1/2006 - 9/30/2006		10/1/2006 - 3/31/2007		4/1/2007 - 9/30/2007		4/1/2000 - 9/30/2007		
	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total
Unduplicated Number of Cases																																	
Access*	17	10%	34	22%	24	15%	8	5%	25	15%	20	10%	37	14%	25	11%	40	14%	33	13%	33	15%	30	10%	23	11%	28	9%	19	6%	396	12%	
Dignity and Respect	10	6%	23	15%	15	9%	26	16%	17	10%	17	8%	19	7%	7	3%	15	5%	21	8%	13	6%	31	10%	29	14%	41	13%	50	16%	334	10%	
Quality/Appropriateness **	32	20%	21	13%	32	20%	35	22%	18	11%	22	11%	22	8%	5	2%	9	3%	9	3%	3	1%	7	2%	11	5%	29	9%	24	8%	279	8%	
Phone Calls Not Returned	1	1%	5	3%	1	1%	2	1%	2	1%	2	1%	2	1%	3	1%	7	2%	9	3%	15	7%	12	4%	13	6%	5	2%	13	4%	92	3%	
Service -- Intensity, Not Available, Coordination	30	19%	9	6%	19	12%	10	6%	17	10%	29	14%	20	8%	35	16%	47	16%	28	11%	13	6%	11	4%	12	6%	16	5%	10	3%	306	9%	
Consumer Rights	24	15%	18	11%	14	9%	7	4%	15	9%	17	8%	19	7%	25	11%	30	10%	32	12%	40	18%	66	22%	22	10%	35	11%	48	15%	412	12%	
Physicians & medications	11	7%	7	4%	12	7%	24	15%	11	7%	14	7%	29	11%	25	11%	20	7%	35	13%	30	14%	43	14%	33	16%	45	15%	48	15%	387	11%	
Financial & Admin Svs.	4	2%	6	4%	7	4%	6	4%	8	5%	9	4%	21	8%	17	8%	55	19%	30	11%	19	9%	39	13%	14	7%	24	8%	34	11%	293	9%	
Residential	1	1%	3	2%	2	1%	9	6%	17	10%	11	5%	7	3%	12	5%	1	0%	3	1%	2	1%	1	0%	0	0%	7	2%	5	2%	81	2%	
Housing	28	17%	13	8%	6	4%	11	7%	8	5%	10	5%	11	4%	15	7%	27	9%	29	11%	21	10%	23	8%	15	7%	29	9%	26	8%	272	8%	
Transportation		0%	2	1%	1	1%	1	1%	0	0%	0	0%	0	0%	2	1%	0	0%	2	1%	1	0%	4	1%	2	1%	4	1%	2	1%	21	1%	
Emergency Services		0%	12	8%	21	13%	14	9%	20	12%	34	17%	44	17%	38	17%	31	11%	21	8%	21	10%	14	5%	23	11%	36	12%	30	9%	359	11%	
Other	4	2%	5	3%	8	5%	7	4%	8	5%	16	8%	30	11%	13	6%	8	3%	11	4%	6	3%	22	7%	15	7%	11	4%	8	3%	172	5%	
Total	162	100%	158	100%	162	100%	160	100%	166	100%	201	100%	261	100%	222	100%	290	100%	263	100%	217	100%	303	100%	212	100%	310	100%	317	100%	3,404	100%	

Data Notes:
 * Access refers to the degree to which services are quickly and readily obtainable to consumers. It includes the responsiveness of the Washington State Mental Health system to individual and cultural needs and the availability of mental health services.

** Quality/Appropriateness refers to the degree that service features meet (fit) consumer needs and are free from error and deficiencies.

*** The NSMHA further defined the definition of care to mean the person once during the reporting period

Complaint and Grievance data has been collected since 4-1-1999.

Beginning 10-1-2001 the data reflects both unduplicated cases (individuals at a point in time) and occurrences (each instance of a complaint, grievance, or fair hearing). If a complaint moves to an RSN grievance it is counted twice. Prior to 10-1-2001 each complaint was counted only once even if the complaint moved to a grievance or fair hearing. Comparison of data across these reporting periods should be interpreted cautiously due to the change in reporting methods. Beginning 4-1-2001, Provider Level Grievances were also captured as occurrences. For the purposes of this Attachment, all occurrences are rolled-up. Violation of Confidentiality and participation in Treatment are rolled into Other.

ATTACHMENT C - Kids

TABLE 1 - COMPLAINTS, GRIEVANCES, FAIR HEARINGS FILED
REPORTING FROM 4/1/2000 through 9/30/2007

OCCURRENCES - (Includes occurrences of complaints, grievances, and fair hearings files)	TIME PERIOD																																					
	4/1/2000 - 9/30/2000		10/1/2000 - 3/31/2001		4/1/2001 - 9/30/2001		10/1/2001 - 3/31/2002		4/1/2002 - 9/30/2002		10/1/2002 - 3/31/2003		4/1/2003 - 9/30/2003		10/1/2003 - 3/31/2004		4/1/2004 - 9/30/2004		10/1/2004 - 3/31/2005		4/1/2005 - 9/30/2005		10/1/2005 - 3/31/2006		4/1/2006 - 9/30/2006		10/1/2006 - 3/31/2007		4/1/2007 - 9/30/2007		4/1/2000 - 9/30/2007							
	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total						
Unduplicated Number of Cases																																						
Access*	9	33%	2	17%	0	0%	0	0%	0	0%	0	0%	2	8%	4	19%	4	11%	3	8%	14	20%	7	11%	46***	11	17%	38***	10	18%	26***	4	10%	353	70	14%		
Dignity and Respect	0	0%	0	0%	0	0%	0	0%	1	33%	2	13%	4	16%	1	5%	3	8%	1	3%	4	6%	6	9%	9	14%	8	14%	2	5%	4	10%	41	8%	41	8%		
Quality/Appropriateness **	3	11%	3	25%	3	30%	0	0%	2	67%	4	25%	3	12%	4	19%	4	11%	8	22%	6	8%	8	12%	9	14%	14	25%	13	32%	84	17%	84	17%	84	17%		
Phone Calls Not Returned	0	0%	1	8%	1	10%	0	0%	0	0%	1	6%	0	0%	2	10%	3	8%	3	8%	11	15%	5	8%	8	8%	5	8%	3	5%	4	10%	39	8%	39	8%	39	8%
Service -- Intensity, Not Available, Coordination	5	19%	3	25%	1	10%	0	0%	0	0%	4	25%	2	8%	5	24%	9	25%	6	16%	7	10%	3	5%	8	13%	3	5%	3	5%	3	7%	59	12%	59	12%	59	12%
Consumer Rights	1	4%	0	0%	0	0%	1	20%	0	0%	1	6%	1	4%	1	5%	2	6%	5	14%	9	13%	9	14%	0	0%	4	7%	1	2%	35	7%	35	7%	35	7%	35	7%
Physicians & medications	2	7%	1	8%	3	30%	4	80%	0	0%	0	0%	1	4%	1	5%	2	6%	6	16%	8	11%	11	17%	11	17%	3	5%	0	0%	53	11%	53	11%	53	11%	53	11%
Financial & Admin Svs.	2	7%	1	8%	0	0%	0	0%	0	0%	0	0%	1	4%	2	10%	4	11%	0	0%	2	3%	2	3%	1	2%	1	2%	1	2%	0	0%	16	3%	16	3%	16	3%
Residential	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	6	24%	0	0%	0	0%	1	3%	3	4%	0	0%	1	2%	2	4%	2	5%	15	3%	15	3%	15	3%	15	3%
Housing	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	3%	0	0%	1	2%	2	3%	2	4%	3	7%	9	2%	9	2%	9	2%	9	2%
Transportation	0	0%	1	8%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	3%	0	0%	1	1%	0	0%	0	0%	0	0%	0	0%	3	1%	3	1%	3	1%	3	1%
Emergency Services	1	4%	0	0%	2	20%	0	0%	0	0%	1	6%	0	0%	0	0%	1	3%	2	5%	4	6%	1	2%	3	5%	1	2%	2	5%	18	4%	18	4%	18	4%	18	4%
Other	4	15%	0	0%	0	0%	0	0%	0	0%	3	19%	5	20%	1	5%	3	8%	1	3%	2	3%	12	18%	3	5%	6	11%	7	17%	47	10%	47	10%	47	10%	47	10%
Total	27	100%	12	100%	10	100%	5	100%	3	100%	16	100%	25	100%	21	100%	36	100%	37	100%	71	100%	65	100%	63	100%	57	100%	41	100%	489	100%	489	100%	489	100%	489	100%

Data Notes:

* Access refers to the degree to which services are quickly and readily obtainable to consumers. It includes the responsiveness of the Washington State Mental Health system to individual and cultural needs and the availability of mental health services.

** Quality/Appropriateness refers to the degree that service features meet (fit) consumer needs and are free from error and deficiencies.

*** The NSMHA further defined the definition of care to mean the person once during the reporting period

Complaint and Grievance data has been collected since 4-1-1999.

Beginning 10-1-2001 the data reflects both unduplicated cases (individuals at a point in time) and occurrences (each instance of a complaint, grievance, or fair hearing). If a complaint moves to an RSN grievance it is counted twice. Prior to 10-1-2001 each complaint was counted only once even if the complaint moved to a grievance or fair hearing. Comparison of data across these reporting periods should be interpreted cautiously due to the change in reporting methods.

Beginning 4-1-2001, Provider Level Grievances were also captured as occurrences. For the purposes of this Attachment, all occurrences are rolled-up.

Violation of Confidentiality and participation in Treatment are rolled into Other.

Attachment C

Table 2 - NSMHA Complaint, Grievance, Fair Hearing Data - Past Six Months, Past Year, Since 4/1/2000*
 REPORTING FROM 4/1/2000 though 9/30/2007

Past Six Months 4/1/2007 through 9/30/2007		
Type	Total	Percentage
Dignity and Respect	52	15%
Consumer Rights	49	14%
Physicians & medications	48	13%
Quality/Appropriateness **	37	10%
Financial & Admin Svs.	34	9%
Emergency Services	32	9%
Housing	29	8%
Access*	23	6%
Phone Calls Not Returned	17	5%
Other	15	4%
Service -- Intensity, Not Available, Coordination	13	4%
Residential	7	2%
Transportation	2	1%
Total	358	100%

Past Year 10/1/2006 through 9/30/2007		
Type	Total	Percentage
Dignity and Respect	101	14%
Physicians & medications	96	13%
Consumer Rights	88	12%
Quality/Appropriateness **	80	11%
Emergency Services	69	10%
Access*	61	8%
Housing	60	8%
Financial & Admin Svs.	59	8%
Service -- Intensity, Not Available, Coordination	32	4%
Other	32	4%
Phone Calls Not Returned	25	3%
Residential	16	2%
Transportation	6	1%
Total	725	100%

Since 4/1/2000 4/1/2000 through 9/30/2007		
Type	Total	Percentage
Access*	466	12%
Consumer Rights	447	11%
Physicians & medications	440	11%
Emergency Services	377	10%
Dignity and Respect	375	10%
Service -- Intensity, Not Available, Coordination	365	9%
Quality/Appropriateness **	363	9%
Financial & Admin Svs.	309	8%
Housing	281	7%
Other	219	6%
Phone Calls Not Returned	131	3%
Residential	96	2%
Transportation	24	1%
Total	3,893	100%

* NSMHA has been collecting Complaint and Grievance data since 4/1/1999. The data for 4/1/1999 through 3/31/2000 is not included in this table, as collection methods were less standardized at that time.

ATTACHMENT D

TABLE 3 NORTH SOUND MENTAL HEALTH ADMINISTRATION DENIALS AND APPEALS OVER TIME																																				
Denial Types	10/1/2004 through 3/31/2005						4-1-2005 through 9/30/2005						10/1/2005 through 3/31/2006						4/1/2006 through 9/30/2006						10/1/2006 through 3/31/2007						4/1/2007 through 9/30/2007					
	Denials			Appeals			Denials			Appeals			Denials			Appeals			Denials			Appeals			Denials			Appeals			Denials			Appeals		
	Adult	Child	Total	Adult	Child	Total	Adult	Child	Total	Adult	Child	Total	Adult	Child	Total	Adult	Child	Total	Adult	Child	Total	Adult	Child	Total	Adult	Child	Total	Adult	Child	Total						
Access To Out. Serv.	59	69	128	5	2	7	62	61	123	4	1	5	47	75	122	2	2	4	78	99	177	2	2	4	72	85	157	4	1	5	56	72	128	1	1	2
Trans.																																				
Emer. Serv.																																				
Access To Inp. Serv.	*	*	*				3	3	6									4		4				7	1	8	2		2	7		7	1		1	
Other																																				
Total	59	69	128	5	2	7	65	64	129	4	1	5	47	75	122	2	0	2	82	99	181	2	2	4	79	86	165	6	1	7	63	72	135	2	1	3

Data Notes:

*The NSMHA did not collect data on the number of inpatient denials for this period.

** There were 5 appeals from 4/1/2004 through 9/30/2004. The denial and appeal process began on June 1, 2004 and therefore appeal data for this period does not represent a full 6 months of data.

Attachment E

Table 4 Percentage of Cases and Occurrences Reported by Ombuds Services and Providers 4-2003 through 9-2007

Reporting Unit	Reporting Period	Apr-03 through Sep-03		Oct-03 through Mar-04		Apr-04 through Sep-04		Oct-04 through Mar-05		Apr-05 through Sep-05		Oct-05 through Mar-06		Apr-06 through Sep-06		Oct-06 through Mar-07		Apr-07 through Sep-07	
		Cases	Occ	Cases	Occ	Cases	Occ	Cases	Occ	Cases	Occ	Cases	Occ	Cases	Occ	Cases	Occ	Cases	Occ
Ombuds	%	80%	80%	77%	72%	70%	73%	63%	67%	69%	70%	66%	74%	56%	64%	67%	75%	75%	84%
	#	196	229	165	175	201	238	157	202	162	203	158	273	99	175	133	276	135	301
Providers	%	20%	20%	23%	28%	30%	27%	37%	33%	31%	30%	33%	25%	44%	36%	31%	23%	24%	14%
	#	49	57	49	68	86	88	93	98	72	85	79	92	77	100	61	85	43	51
NSMHA	%											<1%	1%			2%	2%	1%	2%
	#											1	3			4	6	2	6
Total	%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	#	245	286	214	243	287	326	250	300	234	288	238	368	176 ¹	275 ²	198 ^{1 2}	367 ²	180 ^{1 2}	358 ²

Data Notes

¹Cases further defined by the NSMHA to represent the person once in a reporting period

²Ombuds Services changed their reporting to include only complaints about public mental health services

Attachment F

Table 5 Reported Emergency Services Complaints by Reporting Source*
4-2003 through 9-2007

Reporter	Apr-03 through Sep-03	Oct-03 through Mar-04	Apr-04 through Sep-04	Oct-04 through Mar-05	Apr-05 through Sep-05	Oct-05 through Mar-06	Apr-06 through Sep-06	Oct-07 through Mar-07	Apr-07 through Sep-07	Total
Ombuds Services	31	26	23	13	22	12	22	24	25	198
Volunteers of America	8	8	5	8	0	1	1	10	5	46
Snohomish County ITA	5	3	2	2	0	2	0	0	0	14
Lake Whatcom	0	0	0	0	0	0	0	0	0	0
Catholic Community Services	0	0	0	0	0	0	0	0	0	0
Sea Mar	0	0	0	0	0	0	0	0	0	0
Whatcom Counseling and Psychiatric Clinic	0	1	0	0	1	0	1	0	1	4
Volunteers of America Inpatient	**	**	**	**	**	0	0	0	0	0
<i>bridgeways</i>	0	0	0	0	0	0	0	0	0	0
Compass Health	0	0	2	0	2	0	2	2	1	9
NSMHA	0	0	0	0	0	0	0	1	0	1
Associated Providers Network	0	0	0	0	0	0	0	0	0	0
Total	44	38	32	23	25	15	26	37	32	272

*Complaint, grievance and fair hearing occurrences have been collapsed into one category.

**Not collected from this reporting unit during period